

Please drop off an application form
with a \$200 registration fee check
made payable to: *Na Maka K Prep School*
to the location applying for.



Please register my child in...

- Summer Session School Year
 Option A
 Option B

Please mark which location:

Waipahu Mililani Honolulu

Application Form

Child's Information

Child's Full Name: _____ Nickname: _____

Current age: _____ Birthdate: _____/_____/_____ Gender: M F Start date: _____/_____/_____

Home address: _____

Proud Parents/Guardians Information

Mommy's Full Name: _____

Home address: _____

Home number: _____ Mobile number: _____ Receive text: Y N

Email address: _____

Occupation: _____ Employer: _____

Work hours: _____ Work number: _____

Daddy's Full Name: _____

Home address: _____

Home number: _____ Mobile number: _____ Receive text: Y N

Email address: _____

Occupation: _____ Employer: _____

Work hours: _____ Work number: _____

Child resides with (circle):

Both parents Mother only Father only Other (specify): _____

Additional information you would like to share: _____

Sister(s) and Brother(s)

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Medical Information

Health Insurance: Y or N If yes, Name(s): _____

Medical conditions (Please list):

Medications (List all medications currently taking):

Name of medication	How often medication is taken	Dosage	Purpose of medication
1. _____	_____	_____	_____
2. _____	_____	_____	_____