

Please mail completed application form
with a \$100 registration fee made payable to:
Na Maka K-Prep School
94-450 Mokuola St. Suite 102
Waipahu, HI 96797



Please register my child in...
___ Summer Session 20___
___ School Year 20___
___ Option A – 11 hrs.
___ Option B – 7 hrs.
___ Option C – 4 hrs.

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. _____	_____	_____	_____