



LOCATION: \_\_\_\_\_

SUMMER: \_\_\_\_\_

Mililani & Waipahu Only:

SCHOOL YEAR: \_\_\_\_\_

Option A: \_\_\_\_ B: \_\_\_\_ C: \_\_\_\_

## Application Form

### CHILD INFORMATION

Child's Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Current Age: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

TEXT: Y or N

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

TEXT: Y or N

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Child Resides With: \_\_\_\_\_



### SIBLING INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

### MEDICAL INFORMATION

Health Insurance  
Provider: \_\_\_\_\_

Medical Conditions (list): \_\_\_\_\_

MEDICATIONS	HOW OFTEN	DOSAGE	PURPOSE

### FOR OFFICE USE ONLY:

Application: \_\_\_\_\_ Registration: \_\_\_\_\_

TOUR Date: \_\_\_\_\_ ASSESSMENT Date: \_\_\_\_\_ START Date: \_\_\_\_\_