

# THE TODDLER PROGRAM

3509 Pahoa Avenue  
Honolulu, HI 96816



## Application Form

Phone: 808-735-3197

Fax: 808-737-9833

Email:

[admin@thetoddlerprogram.com](mailto:admin@thetoddlerprogram.com)

School Year 2027 – 2028

Please complete and return the application and \$60.00 fee payable to The Toddler Program.  
Deadline: December 19, 2026

### General Information

CHILD'S FULL LEGAL NAME: \_\_\_\_\_

Birth date (MM/DD/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

PARENT'S/LEGAL GUARDIAN NAME: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

PARENT'S/LEGAL GUARDIAN NAME: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have any siblings attended The Toddler Program? No Yes/Date

Who does your child live with? \_\_\_\_\_

How did you hear about The Toddler Program? \_\_\_\_\_

Do you plan on applying your child to a private school for Kindergarten? Yes No Undecided

Are you interested in or willing to volunteer for school fundraising events, room parent, etc.? Yes No

#### For Office Use Only

Date received: \_\_\_\_\_ Start Date: \_\_\_\_\_

Registration Fee received (non-refundable) \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Date of Tour: \_\_\_\_\_

## Health History

(Please answer the questions below to the extent that they are applicable.)

Does your child have any special health needs or concerns?

Any known allergies?

What is your plan for care when your child is ill?

## Daily Routine

What time does your child wake up? \_\_\_\_\_

Go to sleep? \_\_\_\_\_

Does your child nap during the day? \_\_\_\_\_

How long? \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_

Words for urination? \_\_\_\_\_

Are bowel movements regular? \_\_\_\_\_

Words used for bowel movement? \_\_\_\_\_

## Personality

Describe your child's personality:

## Emergency Information (In case of emergency, whom should we contact?)

Name

Address

Phone

Relationship

## *Parent Questionnaire*

To assist us with your child's application process, please complete the following questions:

1. What is your philosophy in child care and early childhood education?
2. How can The Toddler Program support your philosophy in early education?
3. What kind of activities does your family engage in during your time together?
4. How do you discipline your child or re-direct his / her focus?
5. What appeals most to you about The Toddler Program?
5. What are your goals for your child?