

THE TODDLER PROGRAM  
3509 Pahoia Avenue  
Honolulu, HI 96816



Application Form  
Phone: 735-3197 Fax: 737-9833  
Email: cathy.ogawa@thetoddlerprogram.com

School Year 2024 - 2025  
Please return application with the application fee of \$60  
Deadline: December 15, 2023

### General Information

CHILD'S NAME: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

City: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

FATHER'S NAME: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

MOTHER'S 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? \_\_\_\_\_

#### 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?

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Any known allergies?

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

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## 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

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

Name

Address

Phone

Relationship

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