

THE TODDLER PROGRAM
3509 Pahoia Avenue
Honolulu, HI 96816



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

School Year 2025 - 2026
Please return application with the application fee of \$60
Deadline: December 20, 2024

General Information

CHILD'S NAME: _____ Birth date: _____ Gender: _____

City: _____ Home Phone: _____

Home address: _____ Zip code: _____

PARENT'S NAME: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Business Phone: _____ Email: _____

PARENT'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?

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
