

HUALALAI 'OHANA FOUNDATION

Request to Consider Preschool

(Please type or print clearly.)

Name of Student: _____ Birth Date: _____

Name of Hualalai Community Employee: _____

Department: _____ Date of Hire: _____

Employed by a Resort Contractor? (If yes, which one): _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Your Relationship to student (parent, step-parent, guardian): _____

Student resides with: _____

Name of Preschool: _____ Entering grade: _____

Contact Person at Preschool: _____

Address _____ Phone: _____

City _____

Licensed since _____ Hours of Operation _____

The Hualalai 'Ohana Foundation maintains the privacy and confidentiality of all applicants' personal and financial information.