

FOR OFFICIAL USE ONLY

PROGRAM: SUMMER FALL

DAILY MWF T/TH

12:00 3:00 5:00

DATE HANDED IN: _____

REGISTRATION FEE PAID: _____

DATE YOU WOULD LIKE YOUR CHILD TO START: _____

DATE STARTED: _____

FIRST BAPTIST PRESCHOOL OF HALEIWA

66-415 HALEIWA ROAD,
HALEIWA, HAWAII 96712
E-mail: fbphaleiwa@gmail.com

MRS. TONI RESPICIO, DIRECTOR
MRS. RACHELLE MILLER, OFFICE MANAGER
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APPLICATION FORM

CHILD'S FULL NAME: _____
LAST FIRST MIDDLE

NAME CHILD CALLED BY: _____ CHILD'S BIRTH DATE: ___/___/___ MALE ___ FEMALE ___

HOME ADDRESS: _____
STREET CITY ZIP

MAILING ADDRESS: _____
STREET CITY ZIP

PHONE NUMBER: _____ HOW DID YOU HEAR ABOUT OUR PRESCHOOL? _____

ETHNICITY: _____

MOTHER'S NAME: _____
LAST FIRST MIDDLE

MAIDEN NAME: _____ BIRTHPLACE: _____ DATE OF BIRTH: ___/___/___

CELL PHONE: _____ EMAIL: _____

OCCUPATION: _____ EMPLOYER: _____ HOURS: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

ETHNICITY: _____

FATHER'S NAME: _____
LAST FIRST MIDDLE

CELL PHONE: _____ BIRTHPLACE: _____ DATE OF BIRTH: ___/___/___

OCCUPATION: _____ EMPLOYER: _____ HOURS: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

ETHNICITY: _____ EMAIL: _____

MARITAL STATUS OF PARENTS: MARRIED NOT MARRIED DIVORCED SEPARATED
 WIDOWED

CHILD LIVES WITH: BOTH PARENTS MOTHER FATHER IF OTHER, GIVE NAME: _____

IF PARENTS ARE DIVORCED/SEPARATED, WHO HAS CUSTODY OF CHILD?

BOTH PARENTS MOTHER FATHER IF OTHER, GIVE NAME: _____

PLEASE PROVIDE OFFICIAL COURT DOCUMENTS

NAME OF STEP-PARENT OR GUARDIANS: _____

HOME AND MAILING ADDRESS: _____

OCCUPATION: _____ EMPLOYER: _____ HOURS: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

SOCIAL RELATIONSHIPS AND EXPERIENCES

DOES YOUR CHILD HAVE ANY SIBLINGS? IF SO, PLEASE PROVIDE NAME(S) AND AGE(S):

<u>NAME</u>	<u>AGE</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

LIST MEMBERS OF PRESENT HOUSEHOLD NOT LISTED ABOVE (OTHER RELATIVES, ROOMERS, ETC.):

IS YOUR CHILD CURRENTLY ENROLLED IN A PRESCHOOL? IF SO, WHICH ONE: _____

SUNDAY SCHOOL? _____ OTHER? _____

WHAT ARE YOUR CHILD'S FAVORITE TOYS? _____

WHAT ARE YOUR CHILD'S FAVORITE PROGRAMS? _____

ARE BOOKS READ? ____ YES ____ NO IF YES, BY WHOM AND HOW OFTEN? _____

HOURS CHILD SPENT WITH MOTHER: _____

HOURS CHILD SPENT WITH FATHER: _____

IN CASE OF AN EMERGENCY

PLEASE PROVIDE CONTACT INFORMATION OF PERSON(S) WHO WOULD ASSUME RESPONSIBILITY FOR YOUR CHILD IN THE EVENT OF AN EMERGENCY WHEN THE SCHOOL IS UNABLE TO CONTACT PARENT(S): THIS PERSON ALSO HAS AUTHORIZATION TO HAVE HEALTH INFORMATION ABOUT MY CHILD AND PICK-UP MY CHILD.

1. NAME: _____ PHONE NO.: _____

ADDRESS: _____ RELATION TO CHILD: _____

2. NAME: _____ PHONE NO.: _____

ADDRESS: _____ RELATION TO CHILD: _____

3. NAME: _____ PHONE NO.: _____

ADDRESS: _____ RELATION TO CHILD: _____

NAME OF FAMILY PHYSICIAN: _____ PHONE NO.: _____

ADDRESS: _____

MEDICAL CARE PLAN: _____ POLICY NO.: _____

IN THE EVENT THAT MY CHILD NEEDS MEDICAL ATTENTION AND THE SCHOOL OFFICIAL IS NOT ABLE TO CONTACT ME OR OTHER PARENT, I GIVE MY PERMISSION TO TAKE MY CHILD TO THE HALEIWA MEDICAL CLINIC, WAHIAWA GENERAL HOSPITAL, OR TO: _____ AND WILL BE RESPONSIBLE FOR ANY EXPENSE.

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

HEALTH

IS YOUR CHILD POTTY TRAINED? ____ YES ____ NO

ARE THERE ANY FOODS YOUR CHILD SHOULD AVOID? _____

DOES YOUR CHILD HAVE ANY ALLERGIES? ____ YES ____ NO

IF YES, HOW DOES IT AFFECT HIM/HER? _____

WHAT SERIOUS ILLNESS, IF ANY, HAS YOUR CHILD HAD? (GIVE DATES WITH ILLNESS): _____

PLEASE LIST ANY SPECIAL INSTRUCTIONS FOR ANY HEALTH NEEDS OR CONCERNS THAT YOUR CHILD HAS: _____

DOES YOUR CHILD CATCH COLDS EASILY? ____ YES ____ NO

HAS ANY FAMILY MEMBER BEEN SERIOUSLY ILL WITHIN THE PAST YEAR? ____ YES ____ NO

IF YES, WHAT TYPE OF ILLNESS? _____

HABITS

DOES YOUR CHILD SLEEP WELL? ____ YES ____ NO IF NO, WHAT CASUES YOUR CHILD'S SLEEPLESSNESS?

HOW MANY HOURS DOES YOUR CHILD SLEEP? _____ PLEASE LIST ANY FEARS THAT YOUR CHILD MAY HAVE: _____

BEHAVIOR HABITS (PLEASE CHECK IF YOUR CHILD DOES ANY OF THE FOLLOWING):

NAIL BITING FINGER-SUCKING TANTRUMS BITING OTHER: _____

BACKGROUND

WHAT FORM OF DISCIPLINES ARE USED AT HOME? _____

IS YOUR CHILD ADOPTED? ____ YES ____ NO IF YES, DOES CHILD KNOW? ____ YES ____ NO

ARE YOU EXPECTING A NEW BABY? ____ YES ____ NO IF YES, WHEN? _____

DOES YOUR CHILD KNOW? ____ YES ____ NO

WHAT LANGUAGE(S) USED AT HOME: _____

IS FAMILY AFFILIATED WITH A CHURCH? ____ YES ____ NO IF YES, WHERE? _____

DOES THE CHILD ATTEND SUNDAY SCHOOL? ____ YES ____ NO IF YES, WHERE? _____

THIS SPACE LEFT BLANK FOR PARENT NOTES OR ADDITIONAL INFORMATION:

AUTHORIZATION TO PICK-UP CHILD

I/WE _____ HEREBY AUTHORIZE THE FOLLOWING PERSON(S) TO
PICK-UP MY CHILD, _____ FROM THE FIRST BAPTIST PRESCHOOL, IN THE
EVENT I/WE ARE NOT ABLE TO PICK-UP MY CHILD.

SIGNATURE OF FATHER/ LEGAL GUARDIAN

SIGNATURE OF MOTHER/LEGAL GUARDIAN

1. NAME: _____ PHONE NO.: _____
ADDRESS: _____
RELATION TO CHILD: _____

2. NAME: _____ PHONE NO.: _____
ADDRESS: _____
RELATION TO CHILD: _____

3. NAME: _____ PHONE NO.: _____
ADDRESS: _____
RELATION TO CHILD: _____

4. NAME: _____ PHONE NO.: _____
ADDRESS: _____
RELATION TO CHILD: _____

5. NAME: _____ PHONE NO.: _____
ADDRESS: _____
RELATION TO CHILD: _____

**REMINDER: PLEASE BE SURE TO NOTIFY THE ABOVE PERSON(S) THAT THEY ARE AUTHORIZED TO
PICK-UP YOUR CHILD. ALL PERSONS MUST BE AT LEAST 18 YEARS OLD.**

COMMENTS: