



467 North Judd Street Honolulu, Hawaii 96817 Phone: 523-6495

STUDENT APPLICATION

Please complete form & return with \$50.00 non-refundable application fee.

Child's Name _____ Nickname _____ Sex _____ Birthdate _____
Home Address _____ City _____ State _____ Zip _____

Parent's/Guardian's Name _____ Dr./Mr./Mrs./Ms. Home Phone _____
Home Address _____ Cell Phone _____
Place of Employment _____ Work Phone _____
Occupation _____ Email Address _____

Parent's/Guardian's Name _____ Dr./Mr./Mrs./Ms. Home Phone _____
Home Address _____ Cell Phone _____
Place of Employment _____ Work Phone _____
Occupation _____ Email Address _____

Marital status of parents _____

Does child live with both parents? Yes [] No [] If no, with whom? _____

Names and ages of children in family _____

Who besides immediate family, resides in the home? _____

Language(s) spoken in the home? _____

PERSONS AUTHORIZED FOR PICK UP

The following people may pick up my child at Pali Preschool and may be called for emergencies or illness:

	Name	Address	Relationship	Telephone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Person(s) picking up this child on a regular basis _____

Desired date of entry _____

How did you learn about Pali Preschool? _____

If by personal reference,
Name of person who referred you _____ Relationship: _____

Are you interested in receiving Pali Preschool Financial Aid information? Yes [] No []

*Application deadline is November 30 of the year prior to the expected year of entry.
Any application received after the deadline will be automatically placed in the waiting pool.*

FOR OFFICE USE ONLY

Application Received _____	Application Fee _____
Registration Request _____	Registration Fee _____
Deposit Request _____	Deposit Fee _____
Visitation Date _____	Other _____

General health conditions? _____

Does your child have any allergies? Yes [] No [] Specify _____

Does your child take naps? Yes [] No [] How long? _____

Methods of home discipline? _____

Who disciplines? _____

What time does your child go to bed at night? _____

What are your child's eating habits and likes/dislikes? _____

How often is your child read aloud to? _____

What family activities does your child enjoy? _____

Please describe your child's present school, child care environment (other children, activities, relatives)

Please describe your child's personality, characteristics, interests and any special needs.

Why would Pali Preschool be a good environment for your child? _____

What goals do you have for your child while in preschool? _____

What are your plans for your child for kindergarten? _____

Is your child on a waiting list at another preschool? _____

NAME OF CHILD _____

EMERGENCY AGREEMENT

It is the policy of Pali Preschool to contact parents of a child regarding medical treatment when their child is seriously injured or becomes seriously ill and requires immediate attention by a physician. If we are unable to contact either parent or the emergency contacts provided by you, the following information is necessary:

1. The name of the Child's physician is _____
2. The address is _____
3. The telephone number is _____

We hereby authorize medical treatment for our child if he or she gets seriously injured or becomes seriously ill while at school or on excursions. When deemed necessary by the teacher in charge, we give consent to have our child taken to Kapiolani Medical Center for Women & Children (1319 Punahou Street) or to the hospital nearest the excursion site, or to a hospital designated by emergency personnel or by ambulance personnel. A Pali Preschool staff member will remain with the child until the parent or parent's designee assumes responsibility for the child's care. We realize that we will be responsible for any resultant expense.

1. Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____ Cell Phone _____

Address _____ Home Phone _____

2. Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____ Cell Phone _____

Address _____ Home Phone _____

Child's Medical Insurance Carrier _____

Subscriber's Name _____ Membership Number _____

Effective Date _____ Date of Expiration _____

NAME OF CHILD _____

I/WE HEREBY AGREE AND CONSENT TO THE FOLLOWING:

PERMISSION TO PHOTOGRAPH/VIDEOTAPE

I/We hereby give permission to the Pali Preschool, including its teachers and staff, ("PPS") and the United Church of Christ-Judd Street ("UCC-Judd") to photograph and/or videotape my child during classroom/playground activities, preschool events, and excursions. I/We give permission to PPS and UCC-Judd to use my child's photograph/videotape image in their websites, brochures, advertisements, the Handprints (PPS newsletter), and the PPS yearbook. I/We give permission for PPS and UCC-Judd to continue to use my child's image even after he/she is no longer enrolled at PPS, unless I/we specifically revoke this permission in writing.

EXCURSION PERMISSION

I/We hereby give permission for my child to attend all excursions during the school year, unless previously excused in writing.

FINANCIAL AGREEMENT

I/We hereby agree to make tuition payments, monthly and in advance, by the first of each month. I/We agree to pay a 10% late fee if payment is not made by the 5th day of the month. I/We acknowledge and accept that there are no refunds or credits for temporary absences due to personal vacation, school vacations, illness, suspension, dismissal and withdrawal. I/We agree to be financially responsible for the payment of all tuition and late fees, and acknowledge and accept that no exceptions will be made.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____