



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

# STUDENT APPLICATION

Please complete form & return with \$40.00 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 Scholarship information? Yes [ ] No [ ]

*Application deadline is December 31 of the year prior to the expected year of entry.  
Any application received after the deadline will be automatically placed on the wait list.*

### 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 Hawaii Medical Center (2330 Liliha St.) or to the hospital nearest the excursion site, by a staff member who 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 \_\_\_\_\_

**WE HEREBY AGREE TO THE FOLLOWING:**

**RELEASE OF INFORMATION**

Pali Preschool may use photographs, reproductions and/or recordings of my child taken during the course of Preschool activities and events. Such use may include advertising and publicity.

**EXCURSION PERMISSION**

We hereby allow our child to attend all excursions during the school year. Pali Preschool will take necessary precautions to provide for the safety and the guidance of our child on excursions.

**FINANCIAL AGREEMENT**

We hereby agree to pay tuition monthly in advance, by the first of each month and agree to pay a 10% penalty after the 5<sup>th</sup> working day of the month. We are aware that there are no refunds or credits for temporary absences due to personal vacations, school vacations, illness, suspension, dismissal and withdrawal. I realize that I am financially responsible for the dates that I have received and that no exceptions will be made.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_