

KAPOLEI CHILD CARE APPLICATION

For the School Year 20____ - 20____

TODAY'S DATE ____/____/____

CHILD'S NAME _____
Last First Middle Preferred
SEX _____ BIRTHDATE ____/____/____ CHILD'S SS# _____ PHONE _____
ADDRESS _____
Street City Zip Code

Parent's/ Guardian's Information

() Natural () Legal Guardian
() Step () Other _____

Parent's/ Guardian's Information

() Natural () Legal Guardian
() Step () Other _____

NAME _____

SS# _____ - _____ - _____

ADDRESS _____

OCCUPATION _____

EMPLOYER'S

NAME _____

ADDRESS _____

Are you an Emergency Required Worker? () Yes () No

WORK PHONE _____

CELL PHONE OR PAGER _____

LEGAL GUARDIAN'S NAME (Other than parent) _____

ADDRESS _____ PHONE _____

YOUR CHILD WILL BE DROPPED OFF AT (time) _____ PICKED UP AT (time) _____

LIST PERSON'S (other than parent or guardian) WHO ARE AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL

1. Name _____

Relationship _____

Address _____

Phone _____

2. Name _____

Relationship _____

Address _____

Phone _____

3. Name _____

Relationship _____

Address _____

Phone _____

LIST FAMILY MEMBERS IN THE HOME (if additional space is needed attach sheet to application)

1. Name _____ Relationship _____ Age _____
 2. Name _____ Relationship _____ Age _____
 3. Name _____ Relationship _____ Age _____

I HEARD ABOUT SEAGULL SCHOOLS: (Check One) Yellow Pages Advertisement (Newspaper/Magazine) Friend
 Referral Internet Other _____

ARE YOU APPLYING FOR SATURDAY CARE? _____

MY REQUESTED START DATE IS _____. I UNDERSTAND I WILL BE CONTACTED WHEN THERE IS A SPACE FOR MY CHILD. OCTOBER THRU MAY SPACES BECOME AVAILABLE LESS FREQUENTLY.

Parent/Guardian's Signature _____

<i>FOR OFFICE USE ONLY</i>			<i>DATE</i>	<i>INITIAL</i>	<i>CHK/REF#</i>	<i>AMOUNT</i>
<i>START DATE</i>		<i>APPLICATION FEE</i>				
<i>CLASS</i>		<i>FIRST MONTH'S TUITION</i>				
<i>COPY (BUS.OFC)</i>		<i>COMPREHENSIVE FEE</i>				
		<i>DEPOSIT</i>				