The Stone Family Early Education Center
A Program of Seagull Schools

KO OLINA 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

Father'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_____

Mother'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_____

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_____

FOR OFFICE USE ONLY			***DATE***	***INITIAL***	***CHK/REF#***	***AMOUNT***
START DATE		***APPLICATION FEE***				
CLASS		***COMPREHENSIVE FEE***				
COPY (BUS.OFC)		***DEPOSIT***				