



honolulu christian  
**PRESCHOOL**

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Office use:	
Date received:	_____
Appl. Fee:	_____
<input type="checkbox"/> Ch <input type="checkbox"/> Ref <input type="checkbox"/> P <input type="checkbox"/> Alm	
Status: <input type="checkbox"/> A <input type="checkbox"/> WL	
Accp't sent:	_____
Reg. fee:	_____
<input type="checkbox"/> Visit _____	
<input type="checkbox"/> NR _____ <input type="checkbox"/> WD _____	

Date: \_\_\_\_\_

**Applying for** (check all that may apply, refer to your brochure for actual month, dates, year, etc.):

<input type="checkbox"/> Half Day (8:00 - 12:30)	<input type="checkbox"/> School Day (8:00 - 3:00)	<input type="checkbox"/> Full Day (7:00 - 5:30)
<input type="checkbox"/> School year 20____	<input type="checkbox"/> Summer Session 20____	<input type="checkbox"/> Other / ASAP: _____
Yr. Mo.	Yr. Mo.	Month / Date / Year

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex  M  F  
Address \_\_\_\_\_  
Street City/State Zip

Home Phone \_\_\_\_\_ Birthplace if other than U.S. \_\_\_\_\_

By what name should the teacher call your child at school? \_\_\_\_\_

If your child speaks a language other than English as their first language: \_\_\_\_\_

**Family Information**

	Father	Mother
Full Name:	_____	_____
Occupation:	_____	_____
Place of Employment:	_____	_____
Business Telephone:	_____	_____
Other contact numbers:	_____	_____
e-mail address:	_____	_____
Address (if different from child's):	_____	_____
Ancestry:	_____	_____

Marital Status:  Married  Separated  Widowed  Divorced  Single

Other family members in household (for siblings, list birthdate)

Check if child does not live with parents and complete below:

Name of Guardian(s) \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Health Information**

Condition of your child's general health  Good  Fair  Poor

Any serious illness/operations?  No  Yes, list: \_\_\_\_\_

Chronic colds or earaches?  No  Yes, how often \_\_\_\_\_

Any allergies?  No  Yes, list \_\_\_\_\_

Any food restrictions?  No  Yes, list \_\_\_\_\_

Have you had concerns that your child is physically, mentally, or emotionally challenged or have a history of illness that might require a specialized school environment or extra care or attention?  No  Yes, list concerns: \_\_\_\_\_

### Routines

Does your child sleep well?  Yes  No How many hrs: \_\_\_\_\_ /day; \_\_\_\_\_ /night  
Your child is a  fast  moderate  slow eater.  
Your child's appetite is  good  fair  poor  
Your child is  right-handed  left-handed  unsure  
Your child is toilet trained?  Yes  No Any special toilet terms? \_\_\_\_\_

### Social / Emotional

Your child in play is (check all that apply):  Active  Boisterous  Quiet  
 Energetic  Self-initiated  Dependent upon adult direction  
Does your child enjoy playmates:  at home  outside the home  prefers adult companionship  
Does your child share?  Always  Sometimes  No  
Does your child defend himself/herself?  Yes  No  
Does your child have any fears?  No  Yes, list \_\_\_\_\_  
How do you discipline your child? \_\_\_\_\_  
How does your child accept correction? \_\_\_\_\_  
His/her reaction? \_\_\_\_\_  
Does your child have tantrums?  Often  Sometimes  Seldom  
Talks back?  Yes  No

#### List the following:

Favorite play activity \_\_\_\_\_  
Favorite TV program \_\_\_\_\_  
Favorite books and stories \_\_\_\_\_  
Favorite toy \_\_\_\_\_  
Favorite food \_\_\_\_\_  
How do you spend time with your child? \_\_\_\_\_

Would you be interested in assisting us with excursions and/or school activities?  Yes  No  
In what ways will you be able participate? i.e craft; nap room; career day; etc, \_\_\_\_\_

Has your child previously attended another school or child care facility?  No  Yes, name of school/facility: \_\_\_\_\_  
Reason for the change? \_\_\_\_\_  
Any religious affiliations/background/beliefs?  None  Yes, list: \_\_\_\_\_

Please tell us briefly why you have selected our school for your child. What are your expectations for your child and how do you think your child will benefit from our program?  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our school (if this is a referral, please let us know the name of the person)?  
 Advertisement; in? \_\_\_\_\_  Referral from \_\_\_\_\_  other \_\_\_\_\_  
Additional comments you may wish to share \_\_\_\_\_