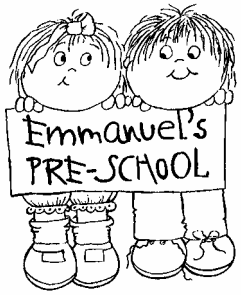

Emmanuel's Preschool and Daycare Center
Physical Address: 780 Keolu Drive, Enchanted Lake
Mailing Address: P.O. Box 1094
Kailua, Hawaii 96734
Phone: 808-261-3012

$40 application fee must accompany this form.

APPLICATION AND REGISTRATION FORM
SCHOOL YEAR 2008-2009

Please print legibly.

Today's Date**:**_____

Child's Name: _____

Last *First* *M.I.*

Date of Birth: _____ Sex of Child: ____Male _____Female

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Primary Contact for Non-Emergencies: _____Mother _____Father _____Other (specify)

	Mother	**Father**
Full Name		
Address (if different)		
Home Phone (if different)		
Cell Phone		
Work Phone		
Email Address		

Check Program Desired (Please Check only One)

All Programs are 5 days (Monday through Friday)

__6:45-11:30 ($335) __6:45-2:30 ($435) __6:45-6:00 ($535)

$40 Application fee (Annual and Non-Refundable) must accompany this form

$100 Comprehensive Fee will be billed with the tuition in the fall and spring

Birth Certificate, Immunization record and TB clearance MUST be current before entering preschool.

Is your tuition subsidized or paid by any State agency or private institution? ___Yes ___No

If not already enrolled are you interested in signing up for automatic tuition deduction? ___Yes ___No

Emailing invoices is preferred. Please provide an email address that is regularly accessed_____

FOR OFFICE USE ONLY: Start Date: _____ Copy to Biller: _____ Payment Method: _____