

Angels at Play Preschool & Kindergarten

2062 South King Street, Honolulu, HI 96826

Telephone (808) 944-2625

PLEASE PRINT
APPLICATION FEE: \$50.00

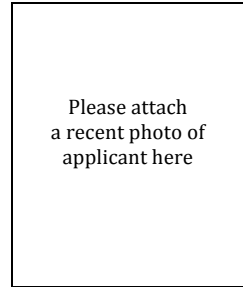
Application Date _____

Child's Name _____
(Last) (First) (Middle)

Birthdate ____/____/____ Boy ____ Girl ____ Nickname _____
(month) (day) (year)

Address _____
(Street) (City/Zip Code)

Home Phone _____ Email _____ Child resides with _____



| | | | |
|---------------------------------|--|---------------------------------|--|
| Father's/Guardian's Name | | Mother's/Guardian's Name | |
| Father's/Guardian's Employer | | Mother's/Guardian's Employer | |
| Occupation | | Occupation | |
| Phone: Business # | | Phone: Business | |
| Cell # | | Cell # | |
| Child's Physician Name | | Emergency Contact (not parents) | |
| Phone # | | Cell #/Home # | |
| Any allergies? | | Referred by | |
| Any previous school experience? | | Desired date of entry | |

What do you expect your child to gain from his/her experience at Angels at Play? _____

Please provide any other pertinent information. _____

Language spoken at home _____ Parents marital status _____

Please indicate the session you prefer in order of preference, i.e., 1 for your first choice, 2 for your second, etc.:

_____ 7:15 a.m. – Noon
(\$7200=tuition)

_____ 7:15 a.m. – 2:00 p.m.
(\$7785=tuition)

_____ 7:15 a.m. – 5:30 p.m.
(\$9315=tuition)

The Current School Year Tuition (from Sept '14-May'15) for each session is given in parenthesis.
Additional fees: Book fee \$50.00 and Comprehensive fee \$200.00

For Office Use Only

_____ Date Received _____ Date of Interview _____ Date of Tour
_____ Session _____ Room _____ Observation