

Mililani Community Church Preschool
95-1100 Kaapeha Street, Mililani, HI 96789
(808) 200-7186
preschool@mcchawaii.org

Registration Form

CHILD INFORMATION

Child's Full Legal Name: _____
Last First M.I.

Sex: M F Birth Date: _____ Nickname / preferred name: _____
MM/DD/YY

Home Address: _____
Street City/State Zip Code

Home Phone: _____

List language(s) other than English spoken at home: _____

Child resides with: Father Mother Legal Guardian(s) Other: _____

Parents are: Married Single Separated Divorced Other: _____

If Child's parents are separated or divorced, who has legal custody?

Father Mother Joint Other: _____

FATHER/LEGAL GUARDIAN INFORMATION

Father's/Guardian's name: _____
Last First M.I.

Home Address: _____
Street City/State Zip Code

Phone : _____ / _____ / _____
Home Cell Work

Email: _____

Employer: _____ Occupation: _____

Work Address: _____
Street City/State Zip Code

Best way to reach you during preschool hours: phone (Home / Cell / Work) text email

Yes, I would like to receive news from the preschool via email and/or text.

Mililani Community Church Preschool
95-1100 Kaapeha Street, Mililani, HI 96789
(808) 200-7186
preschool@mcchawaii.org

Child's Name: _____

MOTHER / LEGAL GUARDIAN INFORMATION

Mother's/Guardian's name: _____
Last First M.I.

Home Address: _____
Street City/State Zip Code

Phone : _____ / _____ / _____
Home Cell Work

Email: _____

Employer: _____ Occupation: _____

Work Address: _____
Street City/State Zip Code

Best way to reach you during preschool hours: phone (Home / Cell / Work) text email

Yes, I would like to receive news from the preschool via email and/or text.

Siblings - *Please print name(s) and age(s):*

Others who reside in the household - *Please print name(s) and relationship:*

