

MILILANI COMMUNITY CHURCH  
PRESCHOOL  
95-1100 KAAPEHA ST, MILILANI, HI 96789



PHONE: 808-638-1938  
Email: [Preschool@MCCHawaii.org](mailto:Preschool@MCCHawaii.org)  
WWW.MCCHAWAII.ORG/PRESCHOOL

**Please submit form with \$25 application fee.**

***Please fill out the Student Application form as completely as possible. Applications submitted without the Application Fee will NOT be processed. No refunds once fees are paid.***

***Thank you for your interest in our Preschool. We look forward to serving you and your child. If you have not yet visited our preschool, please call to schedule an appointment. Visitations are by appointment only.***

**APPLICATION FORM (Student)** (Type or Use Black Ink) DATE \_\_\_\_\_

CHILD'S LEGAL NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
Last First Middle M/F MM/DD/YY

ADDRESS \_\_\_\_\_  
Street Apt. City Zip Code

PHONE \_\_\_\_\_ LANGUAGE(S) SPOKEN AT HOME \_\_\_\_\_

Ethnicity/race (Optional) \_\_\_\_\_ NICKNAME / Preferred to be called \_\_\_\_\_

Child lives with: \_\_\_ Father \_\_\_ Mother \_\_\_ Guardian \_\_\_ Other: \_\_\_\_\_

Yes, we are members of Mililani Community Church.

Yes, I was referred by: \_\_\_\_\_

**ENROLLMENT & PROGRAM:** *Your child must be at least 2 yrs old (24 months) at the time of enrollment.*

My child  is toilet trained.  has started toilet training.  is still in diapers / pull-ups.

Please provide name of last preschool / child care enrolled in: \_\_\_\_\_

PREFERRED START DATE  2020 Summer School  2020 -2021 School Year  Other \_\_\_\_\_

Full day, Full Time Program: 7:00 am - 5:00 pm  School day, Full Time Program: 7:00 am - 3:00 pm

Part Time Program:  MWF 7:00 am – 5:00 pm **OR**  TTh 7:00 am – 5:00 pm

My child needs extended hours:  6:00 – 6:30 AM  6:30 - 7:00 AM  5:00 – 5:30 PM  5:30 - 6:00 PM

CHILD'S NAME \_\_\_\_\_  
Last First Middle

PARENT INFORMATION:  Married  Separated  Divorced  Widowed  Single

**FATHER**

**MOTHER**

NAME \_\_\_\_\_  
Last First Last First

HOME ADDRESS \_\_\_\_\_  
*(If different from child)*

HOME / CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

WORK PHONE \_\_\_\_\_

RELIGIOUS AFFILIATION \_\_\_\_\_  
*(Optional)*

**OTHER CHILDREN IN THE HOUSEHOLD:**

NAME	AGE	SEX	SCHOOL ATTENDING
_____			
_____			
_____			

**PLEASE COMPLETE IF CHILD DOES NOT LIVE WITH PARENTS:**

NAME OF GUARDIAN(S) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_