

GOOD SHEPHERD PRESCHOOL

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<p>CHECK SESSION:</p> <p><input type="checkbox"/> Summer Fun 2020 <input type="checkbox"/> School Year 2020-2021</p> <p>CHECK PROGRAM:</p> <p><input type="checkbox"/> School Day 8:00 - 3:00 <input type="checkbox"/> Extended Day 7:00 - 5:30</p>		<p>APPLICATION FOR ENROLLMENT</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p>Place Child's Photo Here</p> </div>	<p>Office Use Only:</p> <p>____ Date Rcvd ____ Fee Pd _____ Tour Date/Time _____ Observed By _____ Acc Date <input type="checkbox"/> SF <input type="checkbox"/> SY SF CF Due _____ _____ CF Paid _____ Ck#/Ca SY CF Due _____ _____ CF Paid _____ Ck#/Ca _____ QB _____ DB _____ XC</p>
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CHILD'S INFORMATION

First/Last Name:	Nickname:	Date of Birth:
Allergies:	Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Emergency Ph#:
Home Address:	City:	Zip Code:
Mailing Address:	City:	Zip Code:
Child lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Other		

FATHER / LEGAL GUARDIAN

Name:	Cell Phone #:
Email Address:	Work Phone #:
Address (If different from child's):	City: Zip Code:
Employer:	Occupation:

MOTHER / LEGAL GUARDIAN

Name:	Cell Phone #:
Email Address:	Work Phone #:
Address (If different from child's):	City: Zip Code:
Employer:	Occupation:

FAMILY BACKGROUND

All family members who live in the same house: (List name, relationship and age)

Marital Status of Parents: Married Divorced Separated Single Remarried

If there are any legal restraints against either parent regarding access to or rights regarding the child, attach copies of legal documents to application.

AUTHORIZED PICK-UP / EMERGENCY CONTACT LIST

List anyone **OTHER THAN PARENTS** who might pick up your child. For your child's protection we will only release your child to persons listed below (no minors). Your child **MUST** be signed out by the person with who whom he leaves. Use a separate sheet if necessary.

Name	Relationship	Address (mandatory)	Cell #	Work #	Home #

DOCTOR/HOSPITAL/MEDICAL INSURANCE INFORMATION

Name:	Phone #:	Insurance Carrier:
Select hospital:	Address:	Subscriber's Name:
<input type="checkbox"/> Kaiser <input type="checkbox"/> Queen's <input type="checkbox"/> Kapiolani <input type="checkbox"/> St. Francis <input type="checkbox"/> Castle <input type="checkbox"/> Other _____		Membership #:

Child's History

Please help us get to know your child by answering the following questions completely.

CHILD'S NAME: _____

Primary Caregiver Mother Father Grandparent(s) Babysitter
 Another School: Name of School/Daycare _____
Reason for change: _____
Methods of home discipline: _____
Describe your child's present daytime environment: _____
What goals do you have for your child while in preschool? _____

Language Is English your child's first language? Yes No If no, first language is: _____
Do parents need Chinese translation? Yes No

Ethnicity African American Caucasian Chinese speaking Chinese English speaking Chinese
(choose only one) Filipino Hawaiian Hispanic Japanese Korean Vietnamese Other: _____

Toilet Habits *Our school's policy is that all children must be toilet trained, both day & night, as defined by staff, when school begins. Check one:*

My child is fully toilet trained We are still working on toilet training my child

Sleeping Habits Does your child nap at home? Yes No If so, how long? _____
Does your child use a blanket or other item for security? Yes No It is called _____
What time does your child go to bed at night? _____

Appetite Describe your child's eating habits: _____

General Health Yes No Does your child have frequent colds or sore throat?
 Yes No Has your child ever had convulsions?
 Yes No Is your child currently receiving special treatment or care from a physician?
 Yes No Does your child have special physical limitations?
 Yes No Has your child had any serious illnesses in the past?
 Yes No Does your child have any speech difficulties?
 Yes No Has your child received any physical or educational evaluations in the past?
If you answered yes to any of the above questions, please provide specifics with dates:

List any special needs 特殊需求: _____

Personality *(Place an X on the line to indicate your child's traits)*

Prefers to play alone <-----> enjoys playing in a group

Plays actively <-----> plays quietly

Is outgoing <-----> is shy

List any definite fears: _____

Financial Aid Are you applying for aid? Preschool Open Doors Pauahi Keiki Scholars
With whom? Childcare Connection ARBOR Good Shepherd Preschool

How did you hear about Good Shepherd Preschool? _____

Religious Background (For statistical purposes only)

Christian Buddhist None Other _____ Current church attending: _____

Family attends church: Weekly Once/twice a month Once or twice a year Never