

**ENROLLMENT APPLICATION**

TODAY'S DATE \_\_\_\_\_

The Early Education Center    Kailua    Kapolei    Ko Olina    Ocean Pointe

Please enclose a \$30 processing fee for each child with the enrollment application.

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

SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CHILD'S SS# XXX-XX-\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street
City
Zip Code

***Parent's/ Guardian's Information***

Natural    Legal Guardian  
 Step    Other \_\_\_\_\_

***Parent's/ Guardian's Information***

Natural    Legal Guardian  
 Step    Other \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

SS# XXX-XX-\_\_\_\_\_

SS# XXX-XX-\_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

Are you an Emergency Required Worker?  Yes  No

Are you an Emergency Required Worker?  Yes  No

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

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

CELL PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

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

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

LEGAL GUARDIAN'S NAME (Other than parent) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

**LIST PERSON'S (other than parent or guardian) WHO ARE AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL**

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**LIST FAMILY MEMBERS IN THE HOME (if additional space is needed, attach sheet to application)**

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Age \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Age \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Age \_\_\_\_\_

I HEARD ABOUT SEAGULL SCHOOLS:

Yellow Pages    Friend    Advertisement (Newspaper/Magazine)

(Please check all that apply)

Referral    Internet    Other \_\_\_\_\_

**MY REQUESTED START DATE IS \_\_\_\_\_. I UNDERSTAND I WILL BE CONTACTED WHEN THERE IS A SPACE FOR MY CHILD. ENROLLMENT BETWEEN OCTOBER AND MAY IS LIMITED.**

Parent/Guardian's Signature \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			<b>DATE</b>	<b>INITIAL</b>	<b>CHK/REF#</b>	<b>AMOUNT</b>
START DATE		APPLICATION FEE				
CLASS		<b>DEPOSIT</b>				
COPY (BUS.OFC)	DATE					
	INITIAL					
FULL TIME		FIRST MONTH'S TUITION				
PART TIME		COMPREHENSIVE FEE				
					<b>TOTAL</b>	