

**APPLICATION FOR ENROLLMENT**  
**KAPAHULU BIBLE CHURCH PRESCHOOL**

*Complete form and return with a \$25 non-refundable Application Fee*

*To 3221 Makini St. Honolulu, Hawaii 96815 fax: 808-732-9662*

*Email: kbcpreschoolconnect808@gmail.com*

**Child's Full Legal Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **Zipcode** \_\_\_\_\_

**Sex:** Male Female **Marital Status of Parent:** Married Separated Widowed Divorce etc

**Church Affiliation** \_\_\_\_\_ **Active Member?** Yes No

**Legal Parents/Guardians:**

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<b>Father's Name</b>	<b>Cell Number</b>	<b>Work Number</b>
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**Father's Email Address**

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<b>Mother's Name</b>	<b>Cell Number</b>	<b>Work Number</b>
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**Mother's Email Address**

**OTHER FAMILY MEMBERS: List below other children in the family:**

<b>Name</b>	<b>Age</b>	<b>Cared by whom</b>
_____	_____	_____
_____	_____	_____

**Please describe your child's behavior, characteristic, interest and/or any special needs:**

<b>For Office Use Only:</b>	<b>Rev. 1/19</b>
<b>Date Received:</b>	<b>Full time Part time</b>
<b>Application Fee Y N Receipt #</b>	_____
<b>Registration Fee Y N Receipt #</b>	_____
<b>Security Deposit Y N Receipt #</b>	_____