

NU'UANU BAPTIST PRESCHOOL-DAYCARE  
2010 Nu'uau Avenue  
Honolulu, Hawaii 96817  
(808) 537-3644

REGISTRATION FORM

Registration fee: \$50.00 (non-refundable)

\_\_\_\_\_ 7:00a.m. – 11:30a.m. (\$ 525.00)\*

\_\_\_\_\_ 7:00a.m. – 5:30p.m. (\$ 595.00)\* (Bring home lunch or purchase hot lunch)

\*Tuition subject to change

CHILD'S NAME \_\_\_\_\_ Male/Female  
Last First Full middle

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
No. Street Apt. City Zip code

Mailing address (if different from above) \_\_\_\_\_  
No. Street Apt. City Zip code

Date of Birth: \_\_\_\_\_  
Month Day Year

FATHER NAME: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Name and Address: \_\_\_\_\_

MOTHER NAME: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Name and Address: \_\_\_\_\_

Siblings: Brothers: \_\_\_\_\_

Sisters: \_\_\_\_\_

Grandparents in the home? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ Maternal \_\_\_\_\_ Paternal

HEALTH: Does the child have a good appetite? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the child sleep well? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the child take naps? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any physical weaknesses and allergies: \_\_\_\_\_

\_\_\_\_\_

RELIGION: Religion of parents: \_\_\_\_\_  
 How often do you attend church?: \_\_\_\_\_  
 Does the child attend?: \_\_\_\_ Yes \_\_\_\_ No  
 We would like to know more about spiritual matters and would welcome a visit from the pastor and/or church deacon \_\_\_\_ Yes \_\_\_\_ No.

PERSON (S) AUTHORIZED TO PICK CHILD UP:

|    | Name  | Address | Phone | Relationship |
|----|-------|---------|-------|--------------|
| 1. | _____ |         |       |              |
| 2. | _____ |         |       |              |
| 3. | _____ |         |       |              |

EMERGENCIES: Doctor's Name: \_\_\_\_\_  
 Clinic name and address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone number: \_\_\_\_\_

PERSON (S) TO CALL (WHEN PARENTS ARE NOT AVAILABLE)

|    | Name  | Address | Phone | Relationship |
|----|-------|---------|-------|--------------|
| 1. | _____ |         |       |              |
| 2. | _____ |         |       |              |
| 3. | _____ |         |       |              |

PARENT'S AGREEMENT

I hereby register my child \_\_\_\_\_ in the Nu'uauu Baptist Church Preschool. I would like my child to start on \_\_\_\_\_. I agree to pay a registration fee of \$50 at the time of registration and understand that the tuition is due in full on the **15<sup>th</sup> of the month** for the following month. I understand that in the event my child is unable to complete the school year, I am to give **two (2) weeks notice** or the tuition will be due for that month whether my child attends or not. I understand that every precaution will be taken for my child's safety, and will not hold the teacher, director, or Nu'uauu Baptist Church responsible in case of an accident. In the event my child needs medical attention and the school official is not able to contact me or other persons listed, I do give permission to take my child to the medical facilities at Kuakini Medical Center and will be responsible for any expenses.

\_\_\_\_\_  
 Signature of Parent Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent Date: \_\_\_\_\_

How did you hear about our school? Yellow pages: \_\_\_\_ Ad in paper/magazine: \_\_\_\_ Other: \_\_\_\_