

WAI'ALAE BAPTIST PRESCHOOL

For Office U	Use Only
School Yea	r:
App. Rec'd:	
Ck#	Dated:

Application for Admission

Child's Full Legal Name :	(Fi t)	(A 4: -1 -11 - X	Date of Birtl):
(Last)	(First)	(Middle)		(MM/DD/YYY)
Child's Nickname(s), if any		Gender:	□Female	□Male
Home Address	(City	_State	Zip
Previous Preschool Experience				
Father's/Guardian's Name		Dr./Mr./Mrs./Ms.	Home Phor	ne
Home Address			_ Cell Phone	
Place of Employment			_ Work Phon	e
Occupation	Email A	ddress		
Religious Preference	Church			
nterest/Hobbies/Skills				
(Circle those that you co		,	III Dl	
Mother's/Guardian's Name				
Home Address				
Place of Employment				
Occupation				
Religious Preference	Church			
ntarast/Ilabbias/Skills				
nterest/Hobbies/Skills(Circle those that you co	ould share with t	he children)		
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(Circle those that you co		,	Divorce	d
(Circle those that you co	Married _	Separated		
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Please return this application with a non-refundable \$75.00 Application Fee. Checks should be payable to Wai 'alae Baptist Preschool with your child's name printed in the memo section of the check.

This application will be placed on the wait list for current and future school years as requested. While we cannot guarantee a space for your child, we will contact you when a space is available. Children are generally admitted on a first come, first served basis. Parents will be contacted in the spring for the upcoming school year beginning in August of that year. Once contacted, a registration packet will be ready for you to pick up from the preschool office. A first month's tuition installment will be required with the submission of the completed registration forms. An annual comprehensive fee will be required one (1) month prior to the first day of school.

Father/Guardian Signature & Date

Mother/Guardian Signature & Date