

Angels at Play Preschool & Kindergarten

2062 South King Street, Honolulu, HI 96826

Telephone (808) 944-2625

PLEASE PRINT

APPLICATION FEE: \$50.00

Application Date _____

Child's Name _____
(Last) (First) (Middle)

Birthdate ____/____/____ Boy ____ Girl ____ Nickname _____
(month) (day) (year)

Address _____
(Street) (City/Zip Code)

Please attach a recent photo of applicant here

Home Phone _____ Email _____ Alternate Email _____

Parent/Guardian's Name _____		Parent/Guardian's Name _____	
Parent/Guardian's Employer _____	Occupation _____	Parent/Guardian's Employer _____	Occupation _____
Phone: Business _____	Cell/Pager/Phone _____	Phone: Business _____	Cell/Pager/Phone _____
Child's Physician Name _____	Phone # _____	Emergency Contact (not parents) _____	Cell/Pager/Phone _____
Any allergies? _____	Any previous school experience? _____	Referred by _____	Desired date of entry _____

Child lives with _____

Primary language spoken at home _____

Name and age of siblings: _____

Who currently cares for your child? _____

What do you expect your child to gain from his/her experience at Angels at Play? _____

Please provide any other pertinent information. _____

Current School Year Tuition from Sept. '16-May '17

_____ 7:15 a.m. - Noon
(\$8100=tuition)

_____ 7:15 a.m. - 2:00 p.m.
(\$8760=tuition)

_____ 7:15 a.m. - 5:30 p.m.
(\$10,500=tuition)

***Please indicate above, the session you prefer in order of preference, i.e., 1 for your first choice, 2 for your second, etc.
Additional fees: Book fee \$50.00 and Comprehensive fee \$200.00

For Office Use Only

_____ Date Received
_____ Session

_____ Date of Interview
_____ Room

_____ Date of Tour