

# Happy Keiki Preschool

1035 University Avenue #102 Honolulu, Hawaii 96816

Phone: (808) 946-6000/(808)381-8185

6650 Hawaii Kai Drive #103 Honolulu, Hawaii 96825

Phone: (808) 395-6000/(808)381-8185

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**Mailing address: 408 Poipu Dr. Honolulu, Hawaii 96825**

## Registration form

Child's Name: \_\_\_\_\_  Boy  Girl

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Health Concerns?:

\_\_\_\_\_

Requested Entry Date: \_\_\_\_\_

### **Parent(s) or Legal Guardians contact information:**

1) Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell phone/pager: \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell phone/pager: \_\_\_\_\_

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

If parents are divorced or separated, who has legal custody of applicant?

\_\_\_\_\_

Please list other family members who authorized to pick up your child:

Name/Relationship	Age
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Happy Keiki Preschool?

\_\_\_\_\_

\_\_\_\_\_

Referral? \_\_\_\_\_ By Whom? \_\_\_\_\_

A fee of \$50.00 must accompany each application. This fee is non-refundable.

Applicants who consider themselves disabled are asked to identify themselves and their special needs prior to any required testing or interview in order for the school to provide the appropriate accommodation during the admission process. Providing this information is optional and will remain confidential.

Happy Keiki Preschool admits students of any race, color, or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, or national and ethnic origin in administration of our educational policies, admissions policies, and other school-administrated programs.

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Parent's/Guardian Signature

Date

### Program Requested

University  
 Hawaii Kai

5 days (Monday-Friday)  
 3 days (Monday, Wednesday and Friday)  
 2 days( Tuesday and Thursday)

Half day (8am-12pm)  
 School day (8am-2:30pm)  
 Early Drop off (7-8am)  
 Extended care (2:30-5pm)  
 Additional care (5-5:30pm)

### Child's History

#### **Language:**

Is English your child's first language?  yes  no

If no, first language is: \_\_\_\_\_

#### **Ethnicity:**

African American  Caucasian  Chinese  Filipino  
 Hawaiian  Japanese  Portugese  Other \_\_\_\_\_

#### **General Health:**

Does your child have frequent sore throat?  yes  no

Has your child ever had convulsions?  yes  no

Is your child currently receiving special treatment or care from a physician?  yes  no

Does your child have special physical limitations?  yes  no

Has your child had any serious illnesses in the past?  yes  no

If you answered yes to any of the above, please provide more information below:

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**Medications:** What type and strength of medication(s) does your child take and when?

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*Continued.....*

What are some of the side affect of this medication(s) that the school should be aware of?

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**Physicians & Health Plan Information:** (optional)

In the event of sudden illness or injury, the School might need to know the following information:

Physician name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Health plan name and subscriber number: \_\_\_\_\_

**Community Outings:** Are there any places that you child is NOT allowed to go to? Any precautions the School should take?

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