



Kailua Methodist Preschool

1110 Kailua Road Kailua, HI 96734

PH: 262-7674

Application Form

Date _____

OFFICE USE ONLY

App. Fee _____
 Accepted _____
 Wait List _____
 Reg. Fee _____
 Tuit. Dep. _____
 Comp. Fee _____
 Ltrr. Snt. _____
 Start Date _____
 Class _____
 2nd Ltrr Snt. _____

Child's Name _____ Birth date _____ M/F _____

Parent/Guardian Name(s) _____

Home address _____ City/Zip _____

Home Phone _____ E-Mail Address _____

Mother/Guardian cell _____ Father/Guardian cell _____

KUMC Member? _____

Place of Employment:

Father/Guardian:

 (Name of work place) (Complete address of work place) (Phone)

Mother/Guardian:

 (Name of work place) (Complete address of work place) (Phone)

Person to contact in case of emergency:

Name _____ Phone _____ Cell _____

List any allergies, physical or medical difficulty your child has:

Has your child attended another preschool? _____

If yes, what school? _____

How long did they attend? _____

What was the reason for leaving? _____

Schedule preferred: (please mark a 1st, and 2nd choice)

M-F (5 days) 8:00-12:30 _____ 7:00-3:30 _____

M, W, F (3 days) 8:00-12:30 _____ 7:00-3:30 _____

T, TH (2 days) 8:00-12:30 _____ 7:00-3:30 _____

Start Date: _____

Please return application form with a non-refundable application fee of \$25 to KMP