

# Jikoen Hongwanji Mission

## Lumbini Preschool

1731 North School Street, Honolulu, Hawaii 96819

Phone 808-845-7720 Fax 808-845-3423

### ENROLLMENT APPLICATION FORM

Date of application \_\_\_\_\_ Date to begin preschool \_\_\_\_\_

Applying For: ☐ Full-time ☐ Part-time

Child's Full Name \_\_\_\_\_  
(Please type or print clearly) Last First Middle Name

Child's Preferred Name \_\_\_\_\_ Gender: F \_\_\_\_\_ M \_\_\_\_\_

Home/Mailing Address \_\_\_\_\_ zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Certificate Number \_\_\_\_\_

### FAMILY INFORMATION

Please indicate the order in which to make contact in case of emergency, illness, accident, or other unforeseen circumstances by circling 1 or 2. When choosing the order, keep in mind each person's accessibility.

E-mail will **not** be used in cases of emergency.

#### **Mother's/Guardian's Full Name (Please type or print clearly)**

1 / 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home/Mailing Address \_\_\_\_\_ zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Employer/Company Address \_\_\_\_\_

#### **Father's/Guardian's Full Name (Please type or print clearly)**

1 / 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home/Mailing Address \_\_\_\_\_ zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Employer/Company Address \_\_\_\_\_

Marital status of parents (s) : ☐ Married ☐ Separated ☐ Divorced  
☐ Single Mother ☐ Single Father

Child lives with: ☐ Both Parents ☐ One Parent ☐ Step-Parent/Guardian

## Personal Information

Has your child been previously enrolled in another preschool? Yes ( ) No ( )

If yes, what is the name of the preschool and what would be your reason for changing?

Does your child take nap? Yes ( ) No ( ) If so, for how long?

Is your child potty trained? Yes ( ) No ( ) What words are used at home for toileting?

Does your child have any allergies or medical conditions that the school should be aware of?

Does your child have any special needs or challenges that the school should be aware of?

Does your child have any definite fears or behavioral concerns that the school should be aware of?

List any habits, such as thumb sucking; nail biting, etc., that the school should be aware of?

How do you discipline your child at home and who disciplines your child?

Is there any other information you wish to share about your child? Please write them down or let our director know.

Please list your child's primary physician's name, address, and phone number.

How did you hear about Lumbini Preschool?

Please list applicant's brother and sister with their age, grade and school.

Name	Age	Grade	School
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