



CALVARY
Child Care Center

For CCCC Office Use Only:
Date Received: _____
Deposit Received: _____
Application Status: _____
Notes:

APPLICATION FOR ENROLLMENT
School Year 20____ to 20_____

Please print all information below, sign, date and return to Calvary Child Care Center, 1215 Ala Aolani Street, Honolulu, HI 96819.
All questions contained in this questionnaire are strictly confidential and will become part of your child's school record.

Child's Name <i>(Last, First, M.I.):</i>	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:	AGE:
Last School Attended:			
How did you hear about us?			

PARENTS/GUARDIAN INFORMATION

If Divorced/Separated:	Father/Guardian Name:	_____	Mother/Guardian Name:	_____
	Child Resides With:	SSN:(last 4 digits) _____	SSN:(last 4 digits) _____	_____
Custody Information:	Home Address:	_____	Home Address:	_____
	Notes:	Phone Home: () _____ Cell Phone: () _____ Office Phone: () _____ Email: _____	Phone Home: () _____ Cell Phone: () _____ Office Phone: () _____ Email: _____	Employer: _____ Employer's Address: _____ Marital Status: _____ Married _____ Divorced _____ Separated _____ Single _____ If remarried, spouse's name: _____

List all person(s) authorized to pick-up your child/children from school:

Names:	Relationship:	Phone Number:	Email:

Parent's Nearest Relative (in Hawaii)

Name/Address:	
Relationship:	Phone: Email:

Family's Home Church/Place of Worship:

Parent/Guardian Signature: _____ Date: _____