

# KA HALE O NA KEIKI PRESCHOOL

45-3668 Honoka'a-Waipio Road, Honoka'a, Hawaii 96727  
Ph (808) 775-9870 Fx: (808) 775-9055

## ADMISSION INFORMATION

**Child's Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**School Hours / Schedule** Your Child Will Be Attending, per attached Schedule/Tuition Sheet: **(Circle One)**

(1) "SCHOOL DAY"

(2) "FULL DAY"

M-F 7:30 am to 2:30 pm

M-F 7:30 am to 4:30 pm

**Starting Date:** What date would you like your child to begin school? \_\_\_\_\_

### **Tuition Assistance:**

Have you applied for, or would you like to apply for, any of the following Tuition Assistance Programs (check all that apply):

Child Care Connection

\_\_\_Applied For \_\_\_Would Like to Apply For

First to Work

\_\_\_Applied For \_\_\_Would Like to Apply For

Queen Liliuokalani

\_\_\_Applied For \_\_\_Would Like to Apply For

Open Doors

\_\_\_Applied For \_\_\_Would Like to Apply For

Ka Hale O Na Keiki Tuition Assistance

\_\_\_Applied For \_\_\_Would Like to Apply For

Pauahi Keiki Scholars

\_\_\_Applied For \_\_\_Would Like to Apply For

Other \_\_\_\_\_

\_\_\_Applied For \_\_\_Would Like to Apply For

**Prior Preschool Experience:** Has your child ever attended preschool / outside of home day care before? \_\_\_yes \_\_\_no  
If yes, what preschool/day care did your child attend, and what kind of experience did he / she have with that school?

**Attitudes Towards School:** How does your child feel about going to *Ka Hale O Na Keiki*? \_\_\_\_\_

**Toilet Training:** Is your child completely toilet trained (able to wipe self)? \_\_\_Yes \_\_\_No

Your comments: \_\_\_\_\_

**Does your child usually take a nap?** \_\_\_yes \_\_\_no.

If yes, what time of day does your child usually take a nap, and for how long?

**Serious Illness of Child:** \_\_\_\_\_

**Allergies:** Does your child have and allergies food, insects, other?

If yes, please explain: \_\_\_\_\_

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**Medication:** Does your child take any medication on a regular basis? If yes, please explain: \_\_\_\_\_

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**Goals / Expectations:** What expectations do you have for your child's early learning experience at Ka Hale O Na Keiki?

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**What else do you think we should know?** \_\_\_\_\_

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**Form Completed by:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_