

Palisades Baptist Church Preschool

2251 Auhuhu Street
Pearl City, Hawaii 96782
Phone: 456-9066
APPLICATION

General Information

Name of Child: _____
Last First M.I.

Sex: Male Female

Child's Date of Birth: _____

Address: _____
Street Apt. #

City State Zipcode

Insurance: HMSA Kaiser Other: _____

Father's name: _____

Employer: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Mother's name: _____

Employer: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Names and ages of Child's siblings:

I understand that:

1. The child is enrolled for the full school year (11 months, Aug. – June), unless other arrangements are made at the time of registration.
2. The tuition is not refundable even if the child misses school due to illness or other reasons.
3. The tuition is on 11 month basis, and is payable at the beginning of each month.
4. A \$100.00 registration fee covers 11 months and is payable with this registration form, and is non-refundable. (Part of this fee will be used to subsidize field trip transportation and student supplies.) Please make checks payable to "Palisades Baptist Church."

Signature of Parent or Guardian: _____