

Harris Preschool Application Form

20 South Vineyard Boulevard
Honolulu, HI 96813
Phone: (808) 536 9602 ext. 204



Student's Name: _____
Last First

Birth Date: _____
Mo/Date/Yr

Nickname: _____
(If applicable)

Sex: M F
Circle one

Program Preference:
Toddler Program: _____
Preschool Program: _____

Parent or Guardian: _____ Relationship to child: _____
Last First

Address: _____ Home phone #: _____
Street City Zip code Cell phone #: _____

Employer: _____ Work phone #: _____
Name of Business & Address

Parent or Guardian: _____ Relationship to child: _____
Last First

Address: _____ Home phone #: _____
Street City Zip code Cell phone #: _____

Employer: _____ Work phone #: _____
Name of Business & Address

What are some of your expectations from this program? _____

How did you hear about us? _____

I understand that a **\$30 NON-REFUNDABLE APPLICATION FEE** is due upon completion of this form. The application fee does not guarantee a start date for my child but places him/her on the waitlist (in the order received). Registration paperwork must be filled out and a registration fee of \$250.00 applicable to the first month tuition made to complete the enrollment process.

\$30 Application Payment received from: _____
____ Cash or ____ Check number _____

Preschool Director/Representative Signature _____ Date Received _____