



Mālamapōki`i

Family Based Early Childhood Education Program
Preschool Application

Application Deadline: April 30, 2010

Rec'd		
Regular		Ext Day
BC	Income	F.A.

For Office Use Only

Child's Legal Name: _____
Last First Middle

Birth Certificate #: _____ Preferred Name: _____

Sex (check one): M F Birthdate: ____/____/____ E-mail: _____

Mailing Address: _____
(Number & Street or P.O. Box) City State Zip Code

Home Address: _____
(If Different From Above)

Home Phone: () - Cell Phone: () -

Mother's Bus. Phone: () - Father's Bus. Phone: () -

Pager/Cell Phone: () - Pager/Cell Phone: () -

Current Preschool/Child Care Center Name: _____

Family Information

Check Appropriate Box: Birth Father Stepfather Adoptive Father Legal Guardian

Last Name: _____ First Name: _____

Occupation: _____ Employer: _____

Check Appropriate Box: Birth Mother Stepmother Adoptive Mother Legal Guardian

Last Name: _____ First Name: _____

Occupation: _____ Employer: _____

Birth Parents' Status: Married Legally Separated Widowed (birth father deceased)
(Check Appropriate Box) Separated Divorced Widowed (birth mother deceased) Never Married

Living in Home: (Check all the apply) Father Stepfather Grandfather Brother(s)
 Mother Stepmother Grandmother Sister(s)
 Adoptive Parent Legal Guardian Uncle/Aunt Other: _____

Please list the applicant's siblings (include "adoptive", "half" or "step" brothers/sisters):

Name: _____ Birthdate: ____/____/____
(Last) (First)

Name: _____ Birthdate: ____/____/____
(Last) (First)

Name: _____ Birthdate: ____/____/____
(Last) (First)

Name: _____ Birthdate: ____/____/____
(Last) (First)

Is there any other information that would be important to share with our staff about your child?

Signature Required

I/We hereby certify that the above statements are true to the best of my/our knowledge and agree to furnish proof and other documentation as requested. I/We acknowledge that failure to disclose any requested information, or providing inaccurate information, may result in the disqualification or disenrollment of my/our child.

Date: _____

Mother's/Legal Guardian's Signature: _____

Father's/Legal Guardian's Signature: _____