



# Moiliili Hongwanji Preschool

## Application for Enrollment

Child's Name: \_\_\_\_\_ Nicknames: \_\_\_\_\_  
Last First Middle

Date of Application: \_\_\_\_\_ Preferred Start Date: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_F\_\_\_M

Primary Language Spoken at Home: (Please specify which language) \_\_\_\_\_

Secondary Language Spoken at Home: (Please specify which language) \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent(s): Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

Child Lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian

**If parents are divorced, please attach copy of Custody Agreement.**

Legal Custody of Child: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian

Father's/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(if different) (if different)

Mobile Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(if different) (if different)

Mobile Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Check Session Desired:

Half Day Session (7:00am-12:30pm) \_\_\_\_\_ Full Day Session (7:00am-5:15pm) \_\_\_\_\_

Are you an Alumni of MHP? \_\_\_Yes\_\_\_ \_\_\_No\_\_\_ What year? \_\_\_\_\_

Have you had another child enrolled at MHP (within the last 5 years?) \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Name of child (ren): \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Are you a member of the Moiliili Hongwanji Mission? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Office Use Only:** Date Received: \_\_\_\_\_

Date Admitted: \_\_\_\_\_

**Family Information:**

List other children in family:

Name:

Age:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List other family members who live in the home and relationship to the child: (Excluding parents)

Name:

Relationship:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Child's History:**

Has your child been enrolled in Day Care, Preschool or Family Care? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of School \_\_\_\_\_

Reason for change: \_\_\_\_\_

What is your child's special interest? (Favorite toy, or character) \_\_\_\_\_

**Health:**

Does your child need any special help, considerations or accommodations? \_\_\_\_\_

Are there any special health needs which need to be addressed to staff members? \_\_\_\_\_

\_\_\_ Allergy \_\_\_ Asthma \_\_\_ Chronic cough/wheezing \_\_\_ Other: \_\_\_\_\_

Any allergic reaction to:

Food(s): \_\_\_\_\_ Describe reaction: \_\_\_\_\_

How was the situation handled? \_\_\_\_\_

Medication: \_\_\_\_\_ Describe reaction: \_\_\_\_\_

How was the situation handled? \_\_\_\_\_

Other(s): \_\_\_\_\_

Describe reaction: \_\_\_\_\_

**Behavioral Characteristics:** (Circle the ones which apply)

Aggressive      Angry      Compassionate      Competitive      Happy

Sensitive      Shy      Submissive      Other: \_\_\_\_\_

Specify any behavioral concerns where help is needed: \_\_\_\_\_

How are behavioral concerns solved at home? \_\_\_\_\_

How does your child react to anxiety or stressful situations? \_\_\_\_\_



