



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: _____ AP fee pd ___/___/___ 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? _____

How does you child react to transition and separation? _____

How does your child relate to other children? _____

How does your child relate to other adults? _____

Play Characteristics: (Circle the ones which apply)

Absorbed Active Boisterous Energetic Quiet Resourceful
Sedentary Self-Initiated Dependent With Direction Other: _____
On Adult and Suggestion

Please describe your child's present play situation or behavior: _____

Communication:

How well can your child communicate?

Gestures: ____ One Word: ____ Phrase: ____ Complete Sentence: ____ Tells a Story: ____

Habits:

Eating Habits: (likes, dislikes, & difficulties) _____

Sleeping Habits:

Naptime is from _____ to _____ Bedtime is from _____ to _____

Comforting needs: _____

Toileting Habits: Child indicates toileting wishes: Verbally ____ Gestures ____ Age trained: _____

Word used for urinating: _____ Word used for bowel movement: _____

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Whom may we thank you for your application to Moilili Hongwanji Preschool?

MHP Parent (Name) _____ Friend (Name) _____

MHP Alumna (Name) _____ Relative (Name) _____

Media (Which) _____ Other _____

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I certify that the above information is correct to the best of my knowledge.

Both parents to sign below (except in case of sole custody.)

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Payment Responsibility:

The undersigned parent or guardian agrees to be responsible for any payment that must be made to Moilili Hongwanji Preschool while the child is enrolled here at the preschool.

Parent's/Guardian's Signature

Date

