



Official Use Only:	INT: _____
APP. # _____	
Application Date: _____	Out _____ In _____
Enrolled _____	SY _____ Class _____
Wait List _____	SY _____
Start: _____	
Dep. \$ _____	Reg. Fee \$ _____
Allergies: _____	TRO _____ Legal _____

*Keiki O Ka 'Aina (KOKA)
Preschool Application Form*

Please complete and return application to:

KOKA Preschool Director
3097 Kalihi Street
Honolulu, Hi 96819

Phone: 843-2502

All Information is CONFIDENTIAL

Child's Name Last _____ First _____ Middle _____

My child prefers to be called _____ Birth Date ____ - ____ - ____

Birthplace _____ Boy _____ Girl _____

Child resides with? _____ Relationship to child _____

Child's Resident Address _____ City/State _____ Zip _____

Resident Phone _____ What is best time to reach someone? _____

This is my: Biological child _____ Adopted (Hanai) child _____ Foster child _____

Grandchild _____ Other _____ (If other, please explain) _____

If adopted, does you child know this? Yes _____ No _____ If "No" do you prefer you child not be told? Yes _____ No _____

***Where the information below is the same as that for the child, just write "same"**

Mother's Name (Last) _____ (First) _____ Maiden Name _____

Resident Address _____ City/State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Occupation: _____ Employer _____ Address _____

E-mail address home _____ E-mail address (work) _____

***Where the information below is the same as that for the child, just write "same"**

Father's Name (Last) _____ (First) _____

Resident Address _____ City/State _____ Zip _____

Home Phone _____ Work Phone _____ Mobile _____

Occupation: _____ Employer _____ Address _____

E-mail address home _____ E-mail address (work) _____

(Only if applicable)

Guardian's Name (Last) _____ (First) _____ Maiden Name _____

Resident Address _____ City/State _____ Zip _____

Home Phone _____ Work Phone _____ Mobile _____

Occupation: _____ Employer _____ Address _____

E-mail address home _____ E-mail address (work) _____

Family Composition Information:

First/Last Name & age of other children in family, or living with child.

Name _____ age _____ Name _____ age _____

Name _____ age _____ Name _____ age _____

Name _____ age _____ Name _____ age _____

Do you have a child in any other KOKA program?: Yes ___ No ___ If so which one(s)?

Please Circle all that applies: P.A.T. H.I.P.P.Y Kulia I Ka Nu'u Parent Interaction Preschool

Child Information:

Previous preschool experience _____

Does child have any allergies? (Food, medication, environmental) ___ Yes ___ No

If yes, please explain in detail what your child is allergic to. _____

Does your child require medication to manage allergies? Yes ___ No ___ If yes please explain.

Will child need to take medications at school? ___ Yes ___ No ___ Times: _____

Name of Medication _____ Dosage _____

Physician's name: _____ Office Phone _____ Emergency Phone _____

Does child have any medical or special needs that we should know about? Yes ___ No ___

If so, please explain. _____

Does child require special on-site services from other programs or agencies. ___ Yes ___ No

If yes please explain and provide information of services and agencies involved? _____

Please tell us about your child's likes, dislikes, fears or favorite things. _____

Please tell us about your child's behavior and your discipline method (time out, spanking, redirection).

Does your child take **total responsibility** for his/her toilet needs? Yes ___ No ___

If no, please explain _____

What word or behavior does your use as a bathroom cue? _____

Legal Information:

Is there any straining order (TRO) currently being enforced by courts to protect your child?

YES ___ NO ___ If yes, who filed the TRO _____ Your relationship to child _____

Who is the TRO against? _____ Relationship to child _____

Date TRO was issued _____ City/State _____ Zip _____

Date TRO expires _____

NOTE: Prior to acceptance you will be required to provide a copy of TRO to be kept on site.

Is there a open or pending child custody case? ___ Yes ___ No ___ Who filed? _____

Who has custodial care of child? Both ___ Father ___ Mother ___ Guardian ___ State ___

Is there any additional information that we should know to help us better understand and work with your child? (Please use back if necessary).

Signature: _____ Date: _____