


# GOOD SHEPHERD PRESCHOOL

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<p><b>CHECK SESSION:</b>  <input type="checkbox"/> Summer Fun 2017  <input type="checkbox"/> School Year 2017-2018</p> <p><b>CHECK PROGRAM:</b>  <b>Preschool</b>  <input type="checkbox"/> Half Day 9:00 -1:00 or 8:30 – 12:30 based on age  <input type="checkbox"/> School Day 8:00 - 3:00  <input type="checkbox"/> Extended Day 7:00 - 5:30                  Sharetime (Preschool Only): <input type="checkbox"/> MWF <input type="checkbox"/> TTH</p> <p><b>Pre-K / Late Born Five Year Old:</b>  <input type="checkbox"/> School 8:00 - 3:00 OR <input type="checkbox"/> Extended 7:00 - 5:30</p>	<p><b>APPLICATION FOR ENROLLMENT</b></p>  <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto; text-align: center; padding: 5px;">                 Place Child's Photo Here             </div>	<p>For Office Use Only:                  _____ Date Rcvd _____ Fee Pd                  _____ Tour Date/Time                  _____ Observed By                  _____ Acc Date <input type="checkbox"/> SF <input type="checkbox"/> SY                  SF CF Due _____                  _____ CF Paid _____ Ck#/Ca                  SY CF Due _____                  _____ CF Paid _____ Ck#/Ca                  _____ QB _____ DB _____ XC</p>
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## CHILD'S INFORMATION

First/Last Name:	Nickname:	Date:
Date of Birth:	Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Primary Ph#:
Home Address:	City:	Zip Code:
Mailing Address:	City:	Zip Code:
Child lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardians <input type="checkbox"/> Other		
If child lives with Legal Guardian or Other:	Name:	Relationship:

## FATHER'S INFORMATION

Name:	Home #:	Cell #:
Address (If different from child's):	City:	Zip Code:
Email Address:		Work #:
Employer:	Occupation:	

## MOTHER'S INFORMATION

Name:	Home #:	Cell #:
Address (If different from child's):	City:	Zip Code:
Email Address:		Work #:
Employer:	Occupation:	

## FAMILY BACKGROUND

All family members who live in the same house: (List name, relationship and age)


Marital Status of Parents:  Married  Divorced  Separated  Single  Remarried

If there are any legal restraints against either parent regarding access to or rights regarding the child, attach copies of legal documents to application.

## AUTHORIZED PICK-UP / EMERGENCY CONTACT LIST

List anyone **OTHER THAN PARENTS** who might pick up your child. For your child's protection we will only release your child to persons listed below (no minors). Your child **MUST** be signed out by the person with who whom he leaves. Use a separate sheet if necessary.

Name	Relationship	Address (mandatory)	Cell #	Business #	Home #

## DOCTOR/HOSPITAL/MEDICAL INSURANCE INFORMATION

Name:	Phone #:	Insurance Carrier:
Select hospital:	Address:	Subscriber's Name:
<input type="checkbox"/> Kaiser <input type="checkbox"/> Queen's <input type="checkbox"/> Kapiolani <input type="checkbox"/> St. Francis <input type="checkbox"/> Castle <input type="checkbox"/> Other _____		Membership #:

# Child's History

Please help us get to know your child by answering the following questions completely.

**CHILD'S NAME:** \_\_\_\_\_

**Primary Caregiver**  Mother  Father  Grandparent(s)  Babysitter

Another School: Name of School/Daycare \_\_\_\_\_

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

Methods of home discipline: \_\_\_\_\_

Describe your child's present daytime environment: \_\_\_\_\_

What goals do you have for your child while in preschool? \_\_\_\_\_

**Language**

Is English your child's first language?  Yes  No If no, first language is: \_\_\_\_\_

Do parents need Chinese translation?  Yes  No

**Ethnicity**

African American  Caucasian  Chinese speaking Chinese  English speaking Chinese

**(choose only one)**

Filipino  Hawaiian  Hispanic  Japanese  Korean  Vietnamese  Other: \_\_\_\_\_

**Toilet Habits**

(Our school's policy is that all children, including toddlers, must be potty trained before enrollment.)

Word used for urination: \_\_\_\_\_ Word used for bowel movement \_\_\_\_\_

**Sleeping Habits**

Does your child nap at home?  Yes  No If so, how long? \_\_\_\_\_

Does your child use a blanket or other item for security?  Yes  No It is called \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_

**Appetite**

Describe your child's eating habits: \_\_\_\_\_

**General Health**

Yes  No Does your child have frequent colds or sore throat?

Yes  No Has your child ever had convulsions?

Yes  No Is your child currently receiving special treatment or care from a physician?

Yes  No Does your child have special physical limitations?

Yes  No Has your child had any serious illnesses in the past?

Yes  No Does your child have any speech difficulties?

Yes  No Has your child received any physical or educational evaluations in the past?

If you answered yes to any of the above questions, please provide specifics with dates:

\_\_\_\_\_

\_\_\_\_\_

List all known allergies 过敏: \_\_\_\_\_

List any special needs 特殊需求: \_\_\_\_\_

**(Children with special needs & allergies will be accepted on a case-by-case basis)**

**Personality**

(Place an X on the line to indicate your child's traits)

Prefers to play alone < \_\_\_\_\_ > enjoys playing in a group

Plays actively < \_\_\_\_\_ > plays quietly

Is outgoing < \_\_\_\_\_ > is shy

List any definite fears: \_\_\_\_\_

**Financial Aid**

Are you applying for aid?  Preschool Open Doors  Pauahi Keiki Scholars

From whom?  Childcare Connection  ARBOR  Good Shepherd Preschool

Other: \_\_\_\_\_

**How did you hear about Good Shepherd Preschool?** \_\_\_\_\_

**Religious Background** (For statistical purposes only)

Christian  Buddhist  None  Other \_\_\_\_\_ Current church attending: \_\_\_\_\_

Family attends church:  Weekly  Once/twice a month  Once or twice a year  Never