

THE TODDLER PROGRAM

3509 Pahoia Avenue
Honolulu, HI 96816



Application Form

Phone: 735-3197 Fax: 737-9833
Email: infotoddlerprogram@gmail.com

School Year 2017-2018

Please return application with the application fee of \$55
Deadline: December 16, 2016

General Information

Today's date: _____

CHILD'S NAME: _____

Birth date: _____

City: _____

Home Phone: _____

Home address: _____ Zip code: _____

FATHER'S NAME: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Business address: _____

Business Phone: _____ Email: _____

MOTHER'S NAME: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Business address: _____

Business Phone: _____ Email: _____

Have any siblings attended The Toddler Program? No _____ Yes/Date _____

Names and ages of siblings: _____

How did you hear about The Toddler Program? _____

For Office Use Only

Date received: _____

Start Date: _____

Registration Fee received (non-refundable) \$ _____

Date Received: _____

Tuition Deposit \$ _____

Date Received: _____

First Month's Tuition \$ _____

Date Received: _____

Health History

(Please answer the questions below to the extent that they are applicable.)

Does your child have any special health needs or concerns?

Any known allergies?

What is your plan for care when your child is ill?

Daily Routine

What time does your child wake up? _____

Go to sleep? _____

Does your child nap during the day? _____

How long? _____

Is your child potty trained? _____

Words for urination? _____

Are bowel movements regular? _____

Words used for bowel movement? _____

Personality

Describe your child's personality

Emergency Information (In case of emergency, whom should we contact?)

Name

Address

Phone

Relationship
