



757 Hoomalu Street, Pearl City, Hawaii 96782 • T/F: (808)455-5545 • info@keikicarehawaii.com • www.keikicarehawaii.com

ENROLLMENT RESERVATION FORM

Child's Full Name: _____
Last First Middle

Date of Birth: _____ Gender: M F

Home Phone Number: (_____) _____

Address: _____
_____, Hawaii

Father's/Guardian's Name: _____

Address: _____
(If different) _____, Hawaii

Home Phone Number: (_____) _____ Work Phone Number: (_____) _____

Cell Phone Number: (_____) _____ Email Address: _____

Employer's Name: _____

Occupation: _____

Mother's/Guardian's Name: _____

Address: _____
(If different) _____, Hawaii

Home Phone Number: (_____) _____ Work Phone Number: (_____) _____

Cell Phone Number: (_____) _____ Email Address: _____

Employer's Name: _____

Occupation: _____

Please Check Requested Program:

- 2-year old program
- 3 year old program**
- 4 year old program**

Please Choose One:

- Full-Day (6:30 a.m. - 5:30 p.m.)
- Partial-Day (6:30 a.m. - 2:00 p.m.)

TUITION RATES: <Your keiki's program level is based on his/her age by **JULY 31st**.>
 Major credit cards are accepted, with a 3% handling fee. Optional: Lunches provided by Lanakila Kitchen, and is not included in the tuition.

New Monthly Rates for the 2015-16 School Year (Effective Aug. 2015) (inclusive of taxes):

<u>Full-Day Programs</u>	<u>Partial-Day Programs</u>
2-year olds ----- \$965	2-year olds ----- \$860
3- & 4-year olds ----- \$805	3- & 4-year olds ----- \$700

****Note: Priority given to full-day applicants. To enter the 4-year old program, it is required to be 100% potty trained. We may accept 3-year olds not 100% potty trained, but whom may become 100% potty trained by the end of the grace period.**

Are there any special considerations and/or accommodations that you know of or feel your child may require in a child care environment? Are there any special equipment needs? Is your child receiving (or has received) early intervention services? If yes, please specify.

A non-refundable application fee of \$40.00 must accompany this form. Please make checks payable to "KCCOH".

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

Both signatures are required from the child's parents/guardians. (Except in the case of sole custody, upon which legal documents would be required.)

 Father's/Guardian's Signature Mother's/Guardian's Signature Date

Please mail or drop-off this form and fee payment to:
Keiki Care Center of Hawaii, Inc. (or "KCCOH")
757 Hoomalu Street, Pearl City, Hawaii 96782

We will be in contact with you regarding your enrollment status. If you have any questions or concerns, please feel free to call **#455-5545** or email: info@keikicarehawaii.com. For more information, please visit our website: www.keikicarehawaii.com.

Mahalo nui loa for your interest in attending Keiki Care Center of Hawaii, Inc.!
Have a joyful day!