



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

Child's Preferred Name: \_\_\_\_\_ Gender: M  F

Date of Birth: \_\_\_\_\_ 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 31<sup>st</sup>**.>  
 Major credit cards are accepted, with a 3% handling fee. Optional: Lunches provided by Lanakila Kitchen, and is not included in the tuition.

<u>Full-Day Programs</u>	<u>Partial-Day Programs</u>
2-year olds ----- \$900*	2-year olds ----- \$800*
3- & 4-year olds ----- \$750*	3- & 4-year olds ----- \$650*

*\*Note: Applicable Hawaii State General Excise and Honolulu County Surcharge Taxes of 4.712% to be applied.*

New Rates for the 2015-2016 School Year (Effective August 2015) (taxes included):	
<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.

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**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](mailto:info@keikicarehawaii.com). For more information, please visit our website: [www.keikicarehawaii.com](http://www.keikicarehawaii.com).

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