



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 available by Lanakila Kitchen, and is not included in the tuition.

Full-Day Programs	Partial-Day Programs
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!**