

**PALISADES BAPTIST CHURCH PRESCHOOL**

2251 Auhuhu St.

Pearl City, Hawaii 96782

Phone: 456-9066

**APPLICATION FOR ENROLLMENT**

Child's Name: \_\_\_\_\_  
Last First M.I.

Sex:  Male  Female

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_ City State Zipcode

Email Address: \_\_\_\_\_

Insurance:  HMSA  Kaiser  Other: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Names and ages of siblings:  
\_\_\_\_\_  
\_\_\_\_\_

I understand that:

- 1. The child is enrolled for the full school year (11 months, August - June), unless other arrangements are made at the time of registration.
- 2. The tuition is not refundable even if the child misses school due to illness or other reasons.
- 3. The tuition is on an 11 month basis and is payable at the beginning of each month.
- 4. A \$150.00 registration fee covers 11 months and is payable with this registration form and is non-refundable. (Part of this fee will be used to subsidize field trip transportation and student supplies.) Please make checks payable to Palisades Baptist Church Preschool.

Signature of Parent/Guardian: \_\_\_\_\_

FOR OFFICE USE ONLY  
Reg. Fee Pd. \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_  
Accepted for enrollment (Date) \_\_\_\_\_ (Administrative Signature) \_\_\_\_\_  
Wait List \_\_\_\_\_