

# Harris Preschool Application Form

20 South Vineyard Boulevard Honolulu, HI 96813

Phone: (808) 532-4175 Fax: (808) 536-9604

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*Last First (Month, date, year)*

Nickname: \_\_\_\_\_ Sex: M F  
*(If applicable) (Circle one)*

### Program Option:

Toddler Program: \_\_\_\_\_ Preschool Program: \_\_\_\_\_ Four's Program \_\_\_\_\_ Pre-K Program: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_ Home phone #: \_\_\_\_\_  
*Street City Zip code Cell phone #*

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

Employer: \_\_\_\_\_ Work phone #: \_\_\_\_\_  
*Name of Business & Address*

Parent or Guardian: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
*Last First*

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

Address: \_\_\_\_\_ Home phone #: \_\_\_\_\_  
*Street City Zip code Cell phone #*

Employer: \_\_\_\_\_ Work phone #: \_\_\_\_\_  
*Name of Business & Address*

What are some of your expectations from this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**I understand that a \$30 NON-REFUNDABLE APPLICATION FEE is due upon completion of this form. The application fee does not guarantee a start date for my child but places him/her on the waitlist (in the order received). Enrollment paperwork must be filled out and submitted with an additional \$50 enrollment fee. A deposit of \$250.00, applicable to the first month of tuition, will also be collected to reserve a spot for your child.**

\$30 Application Payment received from: \_\_\_\_\_

Cash \_\_\_\_\_ (Exact amount only, please) Check/Cashier's \_\_\_\_\_: Check number \_\_\_\_\_

Center Director/Representative Signature \_\_\_\_\_ Date received \_\_\_\_\_