

OLIVET BAPTIST PRESCHOOL APPLICATION

1775 South Beretania Street 949-7548

Child's

Name _____

Sex: (check one) _____ last _____ first _____ middle _____
_____ male _____ female Primary language spoken at home _____

Birth Date: _____ Home Phone : _____

Address: _____

Father's Name: _____ Business Phone: _____

Mother's Name: _____ Business Phone: _____

Requested date of enrollment: _____ summer _____ fall _____ other _____
(year) (year)

Schedule requested: (Check One)

_____ Schedule A 8:00 am to 11:30 am

_____ Schedule B 8:00 am to 2:30 pm

_____ Schedule C 7:00 am to 5:00 pm

Child care available from 7:00am for schedules A and B for early drop off at an extra charge.

A \$25.00 non-refundable application fee must accompany this application.

Send this application and application fee to:

Olivet Baptist Preschool
1775 S. Beretania Street
Honolulu, Hawaii 96826

Notes:

*If your child is accepted in this preschool, we will send you a letter of acceptance.

*It is your responsibility to keep all information in the application current.

*Your child must be toilet trained prior to enrollment.

OFFICE USE ONLY

Application Received _____
Enrollment Packet Sent _____

_____ Olivet Member
_____ Sibling of previous student

Enrollment forms received _____

_____ Name of Sibling