

OLIVET BAPTIST PRESCHOOL APPLICATION
www.olivetpreschool.com / email: EuniceC@olivetbaptist.org
1775 South Beretania Street, Honolulu, HI 96826 / 808-949-7548

2023-2024 School Year

Child's Name: _____

(last) (first) (middle)

Sex (check one): male ___ female ___ Languages spoken at home _____

Birth Date _____ Home Phone _____

Address _____ City/Zip _____

Father's Name _____ Mobile Phone _____

Father's Email Address _____

Mother's Name _____ Mobile Phone _____

Mother's Email Address _____

Requested Start Date: _____

(month)/(day)/(year)

3&4 year old class schedule requested (Check One) (Birth year Aug. 2018- July 2020)

_____ Schedule A	8:00 a.m. to 11:30 a.m.	\$700.00
_____ Schedule B	8:00 a.m. to 2:30 p.m.	\$810.00
_____ Schedule C	7:00 a.m. to 5:00 p.m.	\$960.00

2-year-old class schedule requested (Check One) (Birth year Aug. 2020- July 2021)

_____ Schedule A	8:00 a.m. to 11:30 a.m.	\$730.00
_____ Schedule B	8:00 a.m. to 2:30 p.m.	\$840.00
_____ Schedule C	7:00 a.m. to 5:00 p.m.	\$975.00

Childcare is available from 7:00 a.m. for schedules A and B for early drop off at an extra charge of \$30.00

How did you hear about our preschool?

Website _____ Friend/Family Member _____ Facebook _____ Others _____

A \$50.00 non-refundable application fee must be paid to complete the application process, once you submit the form, we email the invoice via QuickBooks with online payment option

Notes:

*If your child is accepted in this preschool, we will contact you.

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

*Your child must be toilet trained prior to enrollment. (Exception of 2-year-old class)

Office Use Only

Application Received _____
Enrollment Packet Sent _____
Enrollment Forms Received _____

Olivet Member _____
Sibling of previous student _____
Name of Sibling _____