OLIVET BAPTIST PRESCHOOL APPLICATION

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

2024-2025 School Year

Child's Name:				
•	st)	(first)	(middle)	
Sex (check one): male	female	_ Languages spo	ken at home	
Birth Date		Home Phone		
Address		City	/Zip	
Father's Name		Mobile Phone		
Father's E-mail Address_				
Mother's Name		Mobile Phone		
Mother's E-mail Address	5			
Requested Start Date:				
004	, , ,	day)/(year)		
			rth year Aug. 2019- July 2021)	
Schedul		n. to 11:30 a.m. n. to 2:30 p.m.	\$715.00 \$825.00	
Schedul			\$975.00	
			\$975.00 n year Aug. 2021- July 2022)	
Schedul			\$745.00	
Schedul			\$855.00	
Schedul		_	\$990.00	
Childcare is available from 7:0	00 a.m. for sched	ules A and B for early	drop off at an extra charge of \$50.00	
How did you hear about	our preschool	1?		
Website Friend/Fa	amily Membe	r Facebool	k Others	
A \$50.00 non-refundabl	e application	ı fee must be pai	d to complete the application	
		_	QuickBooks with online pay	
Notes:				
	-		l you a letter of acceptance.	
*It is your responsibility	_	-	- -	
*Your child must be toile	t trained prio	r to enrollment. (H	Exception of 2-year-old class)	
		Office Use Onl	ly	
Application Received			Olivet Member	
Enrollment Packet Sent			Sibling of previous student	
Enrollment Forms Received	4		Name of Sibling	