

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

2027-2028 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 E-mail Address _____

Mother's Name _____ Mobile Phone _____

Mother's E-mail Address _____

Requested Start Date: _____

(month)/(day)/(year)

3&4 year old class schedule requested (Check One) (Birth year Aug. 2022- July 2024)

_____ Schedule A 8:00 a.m. to 11:30 a.m. \$790.00

_____ Schedule B 8:00 a.m. to 2:30 p.m. \$910.00

_____ Schedule C 7:00 a.m. to 5:00 p.m. \$1075.00

2-year-old class schedule requested (Check One) (Birth year Aug. 2024- July 2025)

_____ Schedule A 8:00 a.m. to 11:30 a.m. \$820.00

_____ Schedule B 8:00 a.m. to 2:30 p.m. \$940.00

_____ Schedule C 7:00 a.m. to 5:00 p.m. \$1095.00

Childcare is available from 7:00 a.m. for schedules A and B for early drop off at an extra charge of \$50.00

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 _____