



‘OHANA TODDLER PROGRAM

Application for Admission

(Please print clearly or type information.)

Applicant’s Name:

Last First Middle

Preferred name _____

Gender: _____ Female _____ Male _____ Age of applicant: _____

Date of birth: _____ Place of birth: _____

Language spoken at home: _____

Home/Mailing Address:

Street Suite or Apt. #

City State Zip

Current group experience? (KinderMusic/Gymboree, etc.): _____

Child lives with: Both Parents Mother Father Other

I would like to enroll my child in:

(Please check one)

- | | |
|---|--|
| <input type="checkbox"/> 2 day morning program (TTH 7:30 am – 11:30 am) | <input type="checkbox"/> 2 day all day program (TTH 7:30 am – 2:30 pm) |
| <input type="checkbox"/> 3 day morning program (MWF 7:30 am – 11:30 am) 3 | <input type="checkbox"/> day all day program (MWF 7:30 am – 2:30 pm) |
| <input type="checkbox"/> 5 day morning program (M-F 7:30 am – 11:30 am) | <input type="checkbox"/> 5 day all day program (M-F 7:30 am – 2:30 pm) |

Current siblings attending CUPS Preschool Program: _____

Referred to CUPS ‘Ohana Toddler Program by whom? _____

I wish to participate in CUPS ‘Ohana Toddler Program because:

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Family Information

Father's (or Guardian's) Name:

Last First
Father's Address (if different from applicant's home address):

Street Suite or Apt. #

City State Zip

Father's Occupation: Employer:

Business phone: Cel/Pager:

Mother's (or Guardian's) Name:

Last First
Mother's Address (if different from applicant's home address):

Street Suite or Apt. #

City State Zip

Mother's Occupation: Employer:

Business phone: Cel/Pager:

Family Members who attended Central Union Preschool:

<i>Name</i>	<i>Relation to applicant</i>	<i>Year Attended</i>

Religious Affiliation or Preference:

Current Member of Central Union Church?

Yes

No

There is a \$50.00 non-refundable application fee. Make check payable to Central Union Church Preschool and Kindergarten and write: Toddler Program in the memo space. Send your payment with completed application form. Incomplete forms will not be processed.

Mother/Guardian (Print Name): _____

Signature: _____ Date: _____

Father/Guardian (Print Name): _____

Signature: _____ Date: _____