

Doris Todd Memorial Christian Preschool

519 Baldwin Ave., Paia, HI 96779
(808) 579-9237 Fax: (808) 579-9449
dtooffice@maui.net dtschool.org

2008-2009 APPLICATION FORM

FEES: 65.00 per student to be paid with the application.
Application and Registration Fees are Non-Refundable and Non-Transferable

Please choose your child's schedule:

Option #1: 7:30 a.m. to 2 p.m. _____ Monday - Friday _____ Mon/Wed/Fri _____ Tues/Thurs

Option #2: 7:30 a.m. to 5:30 p.m. _____ Monday - Friday _____ Mon/Wed/Fri _____ Tues/Thurs

STUDENT:

Last Name: _____ First: _____ Middle: _____

Usually Called: _____ Male Female Social Security #: _____ - _____ - _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Citizenship: USA Other _____ City and State of Birth _____

Ethnicity (check only one): African American American Indian/Alaskan Native Asian Caucasian Hawaiian/Part Hawaiian
 Pacific Islander other than Hawaiian Hispanic Other (Information for statistical use only)
Doris Todd Memorial Christian School does not discriminate against anyone on the basis of race, color, or ethnic origin.

If divorced, who has legal custody of student? Father only Mother only Joint Other

If other, please explain: _____

*Please attach copies of court documentation regarding custody issues.

Child is living with : BOTH PARENTS SINGLE PARENT: Mother only Father only
 Father & Stepmother Mother & Stepfather GUARDIAN

Please rank from 1 – 3, the first three phone numbers we should try when calling during the day:

_____ Home _____ Mom Cell _____ Mom Work _____ Step-mom Cell _____ Step-mom Work
_____ Dad Cell _____ Dad Work _____ Step-dad Cell _____ Step-dad Work

FATHER'S DATA:

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Ext. _____

Cell Phone: _____ E-Mail: _____

Employer: _____ Job title: _____

If self-employed, please state name of company.

If self-employed, please state job title or description.

Our church home is: _____ Pastor: _____

MOTHER'S DATA:

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Ext. _____

Cell Phone: _____ E-Mail: _____

Employer: _____ Job title: _____

If self-employed, please state name of company.

If self-employed, please state job title or description.

Our church home is: _____ Pastor: _____

STEPMOTHER:

Name: _____

Work Phone: _____

Cell Phone: _____

STEPFATHER:

Name: _____

Work Phone: _____

Cell Phone: _____

Information on other children in the family:

<u>Name</u>	<u>Birthdate</u>	<u>School</u>
_____	_____	_____
_____	_____	_____

Last Preschool Attended: _____
Name City/State Phone

Reason for leaving: _____

Has your child ever been evaluated for: Learning Disability Behavioral Issues Hearing Problems
 Vision Problems Psychiatric/Psychosocial Problems IQ

Please explain on a separate sheet of paper any items you have checked, and attach any test results or IEP's.

Please indicate any health or emotional concerns of which the school should be aware: _____

Is your child FULLY "potty" trained? Yes No

If no, please explain: _____

List dietary restrictions including but not limited to allergies: _____

Check 2 factors most influencing you to apply to Doris Todd Memorial Christian Preschool:

Christian philosophy/environment Desire to attend a private school School reputation
 Location Other: _____

How did you hear about our school? Church Telephone Directory Newspaper Radio School Event: _____

Who referred you to DTMCS? (One name only for rebate purposes): _____

Is it likely that your child will attend DTMCS for a full year? Yes No

FINANCIAL PAYMENTS WILL BE HANDLED BY: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Another Person Name: _____ Day Phone: () _____ Home: () _____ Mailing Address: _____ City: _____ State: _____ Zip: _____

By signing this form, I would like my child to be considered as a candidate for Doris Todd Memorial Christian Preschool. I understand that the parents must attend an orientation meeting before admission. Official enrollment may be granted only upon completion of the registration process and signing of the Enrollment Contract. I certify that the information given on this application is complete and accurate.

The undersigned agrees to release and hold harmless, the school, its agents and employees from all claims, damages, or other liabilities for injuries to my child, which are not the result of gross negligence by this school, its agents or employees. The undersigned also agrees to indemnify the school for damages by my child.

Signatures of BOTH Custodial Parents/Guardians is Required.

Father: _____ **Date:** _____

Mother: _____ **Date:** _____

OFFICE USE ONLY Date: _____ Receipt #: _____ Amount: \$ _____ Initial: _____ <input type="checkbox"/> Application <input type="checkbox"/> Reg. <input type="checkbox"/> Tuition <input type="checkbox"/> Other: _____ Date: _____ Receipt #: _____ Amount: \$ _____ Initial: _____ <input type="checkbox"/> Application <input type="checkbox"/> Reg. <input type="checkbox"/> Tuition <input type="checkbox"/> Other: _____ Interviewed _____ Date _____ Adm. Com. Decision _____ Date _____ Date to be admitted to DTMCS _____ Received a Completed and Signed Enrollment Contract: Initial _____ Date _____
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