

**Doris Todd Memorial Christian**  
519 Baldwin Ave., Paia, HI 96779  
(808) 579-9237 Fax: (808) 579-9449  
[dtooffice@maui.net](mailto:dtooffice@maui.net) dtschool.org

**FEES: 75.00 per student to be paid with the application.**  
Application and Registration Fees are **Non-Refundable** and Non-Transferable

Please attach a recent photo here. This photo will be used to help us associate your child's name with his/her face. It will have no influence on our decision making process. Thank you.

## 2012 - 2013 Preschool Application

**STUDENT:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Usually Called: \_\_\_\_\_  Male  Female Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
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.*

**Place an "X" next to your first choice:**

**3-Year-Old Class:** \_\_\_\_\_ Monday - Friday \_\_\_\_\_ Mon/Wed/Fri \_\_\_\_\_ Tues/Thurs  
**4-Year-Old Class:** \_\_\_\_\_ Monday - Friday \_\_\_\_\_ Mon/Wed/Fri

*\*Preschool director will make the final decision when placing a child in the 3 or 4-year-old class.*

**Who has LEGAL CUSTODY of student?** Attach legal documents showing custody or guardianship for any option other than the first.

Both Parents Together  Mother only  Father only  GUARDIAN  
 Both Parents Separately  Father & Stepmother  Mother & Stepfather

**Child is living with :**

Both Parents Together  Mother only  Father only  GUARDIAN  
 Both Parents Separately  Father & Stepmother  Mother & Stepfather

**FATHER'S DATA:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Our church home is: \_\_\_\_\_ Pastor: \_\_\_\_\_  
Employer: \_\_\_\_\_ Job title: \_\_\_\_\_  
If self-employed, please state name of company. If self-employed, please state job title or description.

**MOTHER'S DATA:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Our church home is: \_\_\_\_\_ Pastor: \_\_\_\_\_  
Employer: \_\_\_\_\_ Job title: \_\_\_\_\_  
If self-employed, please state name of company. If self-employed, please state job title or description.

**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:

<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Behavioral Issues	<input type="checkbox"/> Hearing Problems
<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Psychiatric/Psychosocial Problems	<input type="checkbox"/> 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
- Location
- Desire to attend a private school
- Other: \_\_\_\_\_
- School reputation

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

<b>FINANCIAL PAYMENTS WILL BE HANDLED BY:</b> <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:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>							
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 _____					