

REGISTRATION FORM

Wee Achievers Preschool

45-119 Kaneohe Bay Drive, Kaneohe, HI 96744

Today's Date _____ Academic Year _____

STUDENT'S NAME: _____
(First/Middle/Last)

Date of Birth: ___ / ___ / ___ Place of Birth: _____

Male ___ Female ___ Social Security Number ___ xxx ___ - ___ xx ___ - _____

Mailing Address _____
(Street Number/City/State/Zip Code)

Student's Home Phone# _____

Student's First Language: _____

Other Language(s): _____

Father's Information	Mother's Information
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____
Employer: _____	Employer: _____
~address: _____	~address: _____
~phone: _____	~phone: _____

SIBLINGS

Name	Birthdate/age	Gender	School	Grade

Student Lives With (check all that apply): Father _____ Mother _____
Step-father _____ Step-mother _____ Other: _____
(Name / Relationship)

Is your child up to date with all vaccinations? Yes _____ No _____

Intentions for Enrollment: I intend for my child to complete the following preschool program(s) at Wee Achievers Preschool:

- ___ 3 Year-old ½ day program (7:30am-12:00pm) \$750+tax=\$785.34
- ___ 3 Year-old “stay-n-play” (7:30-2:30pm) \$850+tax=\$916.23
- ___ 4 Year-old ½ day program (7:30am-12:00pm) \$725+tax=\$785.34
- ___ 4 Year-old “stay-n-play” (7:30-2:30pm) \$850+tax=\$916.23

Student Profile (to be completed by parent or guardian)

What phrases come to mind when describing your child?

Please describe your child’s greatest strengths, both cognitive and social:

Please describe any behavioral, social and/or cognitive special needs of your child that Wee Achievers should be aware of:

Does your child have any diagnosed learning disabilities?

Yes _____ No _____

Please describe your child's interests, including extra-curricular activities:

WEE ACHIEVERS

Please share any major events that have occurred during your child's life that Wee Achievers should be aware of (relocation, death in the family, major illness, divorce, etc.):

All applications must be accompanied by a non-refundable check or money order, payable to Wee Achievers, Inc. Upon receipt of this registration form; all materials, documents and files comprising the applicant folder become the property of Wee Achievers.

Parent's Signature _____ Date: _____

For Office Use Only (all fees are non-refundable)

\$125 Registration Fee-date received _____ (check # _____)

\$75 School Supply Fee-date received _____ (check # _____)

First Months Tuition-date received _____ (check # _____)

Official copy of Student Health Record submitted: (date) _____

(revised November 2021)