

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____ - _____

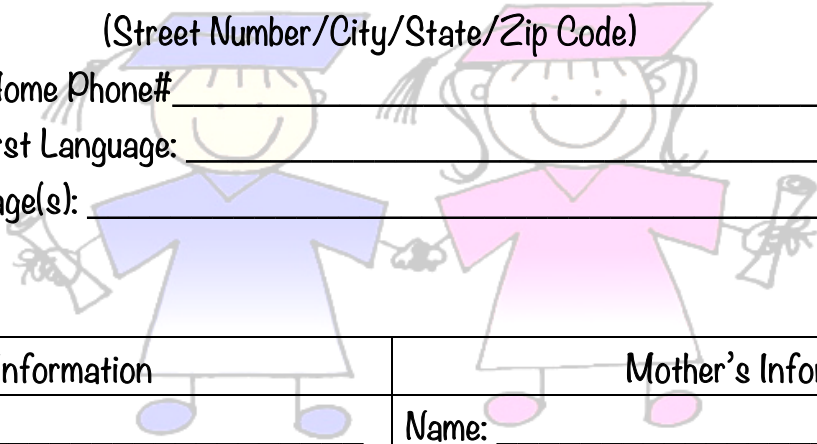
Mailing Address _____

(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 _____

Mandatory for enrollment

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) \$965+tax=\$1010.47

___ 3-Year-old “stay-n-play” (7:30-2:30pm) \$1110+tax=\$1162.30

___ 4-Year-old ½ day program (7:30am-12:00pm) \$965+tax=\$1010.47

___ 4-Year-old “stay-n-play” (7:30-2:30pm) \$1110+tax=\$1162.30

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:

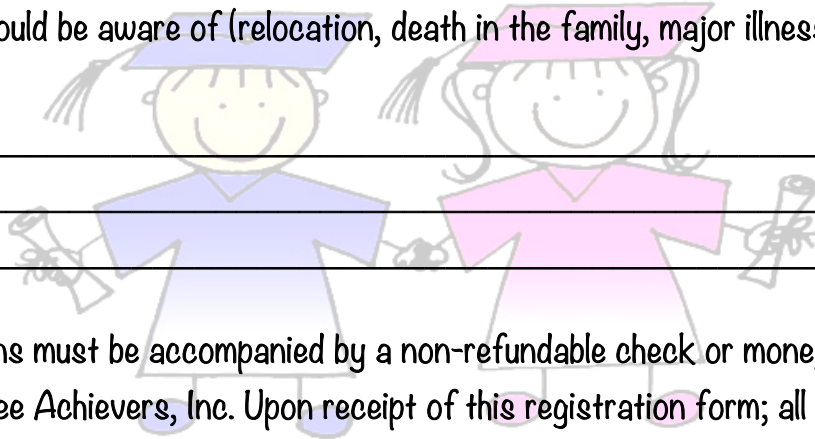
Does your child have any diagnosed learning disabilities?

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)

\$150 Registration Fee-date received _____ (check # _____)

\$100 School Supply Fee-date received _____ (check # _____)

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

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