Manoa Valley Church Preschool Application

Child's Name						
Child's Name(First)					(Last)	
Birth date		Age		Sex		
Birth Certificate att	ached: (copy, only for	new students)	Yes	No		
Child lives with:	Both Parents	_Mother _	Father	Other		
Home Address				City	Zip	
	Father or Guardian				r or Guardian	
				wome	or Guardian	
Home Address (if o	different from child's ac	ddress)	Home	Address (if dif	ferent from child's	,
	City	•			City	•
Phone: HomeCell			Phone	e: Home	Cell	
Occupation:			Occup	oation:		
Employer:			Emple	oyer:		
Business Phone:	Busin	ess Phone:				
Email:	Email	l:				
Are you a member	of Manoa Valley Churc	h: Yes	No			
Marital Status: Sin	gle Married _	Sepa	rated	_ Divorced _		
		* * * *				
		are legally r	esnonsible	for the annlic	ant listed above.	
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