

Manoa Valley Church Preschool Application

Date: _____

Child's Name _____
(First) (Middle) (Last)

Birth date _____ Age _____ Sex _____

Birth Certificate attached: (copy, only for new students) Yes _____ No _____

Child lives with: _____ Both Parents _____ Mother _____ Father _____ Other _____

Home Address _____ Zip _____
City State

Father or Guardian

Mother or Guardian

Full Name: _____

Home Address (if different from child's address)

City State Zip

Phone: Home _____ Cell _____

Occupation: _____

Employer: _____

Business Phone: _____

Email: _____

Are you a member of Manoa Valley Church: Yes _____ No _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____

* * * * *

I/We the undersigned are legally responsible for the applicant listed above.

(Signature) (Date)

(Relationship to child)

(Signature) (Date)

(Relationship to child)

Children in the family (list according to age)

Name

Age

1. _____
2. _____
3. _____

For Office Use:

Desired Enrollment Date: _____ Application fee paid: _____ Advanced deposit paid: _____