

Child's Full Name	Nickname	Date of Birth	Former School
Mother/Guardian First and Last Name		Cell Number	Hm. Number Email
Address		City	State Zip Code
Employer Name and Military Commanding Officer's Name		Work Phone Number	
Father/Guardian First and Last Name		Cell Number	Hm. Number Email
Address		City	State Zip Code
Employer Name and Military Commanding Officer's Name		Work Phone Number	

Child's Health Information

Medical Conditions or Food Allergies (asthma etc)

YES or NO

Did you obtain an emergency plan created by your doctor for the condition listed above?

Age (s)he started to walk?

Age (s)he started to talk?

Age started to talk in sentences?

Date of your child's last physical exam?

Date of your child's last T.B. clearance?

Has your child been to dentist? Date

Has your child been to the eye doctor? Date

Child's Doctor Name

Phone Number

Medical Number

Does your child drink milk?

What fruits and Foods does (s)he like?

What foods does your child dislike?

Child Temperament

Please describe your child: shy, forward, aggressive, talks often, slow to warm, an observer etc...

Please describe your child: plays with any children, a few select friends or loves to play alone.

Please describe your child's fears: afraid of the dark, storms, loud noises, many changes etc...

Please describe your child: loves to dance, sing, build things for long periods of time, swim, read books

Routine and Schedule

What time is bed?

Is it consistent?

Describe the last 30 minutes before bed (bedtime routine?)

What time does your child awake?

Describe the first 30 minutes of morning routine?

Does your child take naps?

Around what time is the nap?

How long is the nap?

How often does your child have BM (2x a day, once a day)?

Is your child able to wipe his/her butt?

Is your child able to use the toilet by him/her self?

Pull up underpants and shorts?

Zip or button?

Please give us any advice about your child to better connect us with his or her emotional needs.

Any other information about your child (knows all colors, counts to x numbers can name abc' or letter sounds) etc...

Please feel free to attach a note.

To the best of my knowledge the above information is accurate and true. I hereby request that my child be considered for enrollment to Ewa Plains Enrichment Programs llc – Literacy Preschool.

Please note both parents' guardians must sign to validate this application process. All inquiries will be responded to within 48 hours of receipt.

Signature of Father/Guardian's First and Last Name

Print First and Last Name

Date

Signature of Mother/Guardian's First and Last Name

Print First and Last Name

Date

Official Use... Do not complete

School Tour: _____ Intake Name: _____
Form 14 _____ TB clearance _____ App \$20 _____
\$300 deposit _____ \$180 comp fee _____ ER card _____

Address: 91-660 Pohakupuna Road, Ewa Beach, HI 96076 Phone: 220-3210 Map Directions:

Ewa Plains Enrichment Programs llc * Ewa Plains Literacy Preschool

Address: 91-660 Pohakupuna Road, Ewa Beach, HI 96076

Phone: 220-3210

Map Directions: [www.ewa-schools.com](#)

Application and \$20 Fee

If you are transferring from another preschool all FEES are waived.

Discounts and Financial

Form-14, current TB, ER card, checks for deposit and tuition must be received and dated.

Scholarship Award Letter

You **must bring** the preschool a copy of the award letter **AND** mail it back by the deadline for the scholarship.

**Legal Documents,
Forms
Agreements
Required By Law
in the State of Hawaii**

**Fees
and
Payments**

The application has questions that can often lead to misunderstandings or poor quality of care if not addressed at the onset. The questions are not meant to weed out or deny service. It is to bring clarity and quality to the school and children in care. Please complete all of the lines and have both family members signed. Financial aid and discounts are given to those applications, which have completed all of the required paperwork and turned in checks (can post date) to secure enrollment. All other scholarships require the first month tuition to be paid in advance and will be refunded to you, when the grant is paid to the school (usually within 60 days from the grantors).

If you obtain a scholarship, you must make a copy of the award letter and email it to info@EwaSchools.com or bring it in. We cannot add your child to the award acceptance list until we have this form. Please **bring the award letter** as soon as you get it. This is regardless of the other paperwork or fees that are due. We have a five days window to respond to scholarship grantors.

Then you must sign the acceptance form and send it to scholarship source within five days. The Grantors are bound by strict rules recipients must comply to meet scholarship deadlines. **Acceptance letters go out by August 1st** (call the scholarship office for prerecorded information).

In addition to the application, all children are required by law to have this information filed with the school **BEFORE** the start date:

- ◇ Emergency card, Authorized pickup list.
- ◇ Form -14 from your child's doctor
(current physical, all shots and TB clearance)
- ◇ TB Clearance- free test at Waipahu Civic Center
- ◇ Consent forms for treatment and care.
- ◇ Contract to stay the full year to obtain discounts

\$20 non-refundable application fee to be submitted with the application.

\$180 comprehensive fee for general administrative cost, unless you are paying for half the years tuition or full year -then it is only \$ 90.00

\$300 refundable deposit (if you stay for the full year) to be added to your child's last month of tuition in July 2010.

Fieldtrip* Uniforms* Fundraisers*First Day Supply List are additional, see policies.