



The Children's House

Application for Admission

For Office Use:	Application Received :	<input type="checkbox"/>	Birth Certificate
	Parent Visitation or Interview Date:	<input type="checkbox"/>	Form 14

The date you expect your child to enter the school: August of (year) _____

☐ Full Day ☐ Half Day
(Please check one option)

How old is your child at that entry date? _____ (years) _____ (months)

Child's Details:	Birth Date: (M) _____ (D) _____ (Y) _____	Sex: <input type="checkbox"/> F <input type="checkbox"/> M (check one)
Last Name:	First Name:	Middle Initial:
Ethnicity for census purposes only:		Language Spoken in Home:
Residential Address:		<div style="border: 1px solid black; padding: 20px; text-align: center;"> Place Recent Passport Size Photo Here </div>
Residential Telephone:		
Contact E-mail:		
Marital Status of the Parent(s): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent(s)		
Does the child live with both parents? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)		
If no, please explain and who he/she lives with (include other adults in the household): _____		

(please check)	Father	Mother	Father	Mother
Name:				
Custodial?	<input type="checkbox"/> Yes <input type="checkbox"/> No (check one)		<input type="checkbox"/> Yes <input type="checkbox"/> No (check one)	
Occupation:				
Employer:				
Work Address:				
Work Tel.:				
Mobile Phone:				

Please list the applicant's siblings:

Name	Age	Grade	School or Occupation

List relatives that have attended The Children's House and their relationship to the applicant:

Name	Relationship	Years Attended

Please list preschools that the applicant has previously attended:

Name of School	Dates Attended

If you are applying for outside financial aid, please indicate the organization: _____

Does the applicant have any medical problems or special needs (including allergies)? ☐ Yes ☐ No (check one)

Please specify below and attach medical reports where appropriate:

How did you hear about The Children's House? _____

Is there any other information you would like to share about your child or your family? _____

Date

Signature of Parent or Guardian

The Children's House is a non-profit school accredited by the Western Association of Schools and Colleges and the Hawaii Association of Independent Schools.
The Children's House admits students of any race, color, religion or national or ethnic origin.