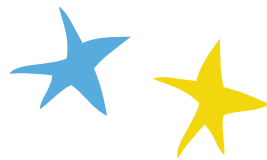


# Keiki Intercultural Preschool

## Application Form



Place your photo  
here

Name: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Age: \_\_\_\_\_  
Birthday (dd/mm/yy): \_\_\_\_\_ ☐ Boy ☐ Girl  
Address: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Language Spoken at Home: \_\_\_\_\_  
Last School Attended: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

- Mother's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Mobile Phone No: \_\_\_\_\_
- Father's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone No: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Mobile Phone No: \_\_\_\_\_

Please Enroll my child in:

Session 1 ☐ Session 2 ☐ Session 3 ☐ Session 4 ☐ Session 5 ☐ Session 6 ☐

Session 7 ☐ Session 8 ☐ Session 9 ☐ Session 10 ☐

<b>EARLY BIRD</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>FROM</b>	( : )	( : )	( : )	( : )	( : )
<b>EXTENDED CARE</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>UNTIL</b>	( : )	( : )	( : )	( : )	( : )

Parent(s) Signature and Date

.....  
Father Date

.....  
Mother Date

