



Keiki Intercultural Preschool

WINTER SCHOOL 2021 APPLICATION FORM

SESSION 1: DECEMBER 20-24

SESSION 2: DECEMBER 27 - 31

9:30 AM - 2:30 PM

Program Selection:

☐ Regular Program

☐ All Day Program

☐ Literacy & Maths Program



Student Information

Name: _____

Nationality: _____

Age: _____

Address: _____

Zip Code: _____

Email Address: _____

Home Phone: _____

Language spoken at home: _____

Parent Info (#1)

Occupation: _____

Place of employment: _____

Mobile Number: _____

Parent Info (#2)

Occupation: _____

Place of employment: _____

Mobile Number: _____

Please enroll my child in:

☐ Session 1: December 20th - 24th

☐ Session 2: December 27th - 31st

Additional Services (Please specify date & time):

Bus Service (specify location): _____

Early Bird: _____

Extended Care: _____

Private Tutorials: _____

Lunch Boxes: _____



Signature of Parent and/or Guardian (#1)

Signature of Parent and/or Guardian (#2)