Excel Church Preschool
95-801 Kipapa Drive
Mililani, Hawaii 96789
Tel: (808) 625-7571

preschool@excelhawaii.com

Enrollment Waitlist Application

Child and Family Information (Please Type or Print)

Child's Name: _____ Child's Age: _____ Birthdate: _____

Nickname (if any): _____ Gender (circle one) M F

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Parent/Guardian 1:

Name: _____ Phone: _____

Business Phone: _____ Cell: _____ Other: _____

Email: _____

Employer: _____ Dept: _____

Parent/Guardian 2:

Name: _____ Phone: _____

Business Phone: _____ Cell: _____ Other: _____

Email: _____

Employer: _____ Dept: _____

Child lives with: _____ Parents _____ Mother Only _____ Father Only

_____ Grandparents _____ Other (please specify) _____

Our mission is to build a solid foundation for Hawaii's children through excellent early education programs and a Love of God.

Earliest Date your child will be ready to start preschool: Month _____ Day _____ Year _____

Please check here if your child is of Hawaiian ethnicity as various scholarships are available.

O **YES**, my/our child is of Hawaiian ethnicity.

Reminder: Your child must be fully potty trained before their entry date.

Priority will be given to those who are able to start when called. If there is an opening before your designated time, will you be willing to enroll earlier? Yes _____ No _____

Hours you are interested in (Check One): _____ Full Day 7:00 am – 5:00 pm

\(Subject to Availability)
Specific week days have been assigned to the Part Time program and are not negotiable.

_____ Part Time 3 Day (M, W, F)
_____ Part Time 2 Day (T, Th)

List any siblings who have attended the preschool: _____

How did you hear about our preschool? _____

It is strongly recommended that you visit the preschool before submitting an application.
Call the school directly to schedule an appointment.

Have you already taken our school tour? Yes _____ No _____

A NON-REFUNDABLE $25.00 FEE IS REQUIRED WITH THIS APPLICATION. You will be contacted if and when enrollment space becomes available for your child.
I understand that a non-refundable waitlist application fee of $25.00 is due with this application, and I have enclosed it. I understand that a waitlist application does not guarantee an opening will be available for my child.

Signature _____ Date _____

Please return this application to our office along with your check for $25 payable to:

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