

# GRACE BIBLE CHRISTIAN PRESCHOOL

635 SOUTH HINA AVENUE; KAHULUI, HAWAII 96732  
PHONE: (808) 873-0009 EMAIL: [gbcmpreschool@gmail.com](mailto:gbcmpreschool@gmail.com)

APPLICATION FORM School Year: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_  
Last First Middle

Sex:  M  F DATE OF BIRTH: \_\_\_\_\_ PRIMARY LANGUAGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Number and Street City State Zip Code

MAILING ADDRESS: \_\_\_\_\_  
Number and Street City State Zip Code

\*\*\*\*\*

NAME OF FATHER OR GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATIONAL STATUS:  Married  Widowed  Separated  Divorced  Single

NAME OF MOTHER OR GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATIONAL STATUS:  Married  Widowed  Separated  Divorced  Single

\*\*\*\*\*

TUITION:

Full-Time (7:00am – 4:30pm) \$800.00/Month

INITIAL COST: A \$300.00/annual non-refundable registration fee

\*\*\*\*\*

Does the child live with both parents? \_\_\_\_\_ if no, please explain \_\_\_\_\_

Has child been in a group child-care setting? \_\_\_\_\_ If yes, where? \_\_\_\_\_

How did you learn about Grace Bible Christian Preschool? \_\_\_\_\_

Please explain any pertinent factors (e.g. allergies, health conditions, physical needs, etc) that might contribute to the applicant's adjustment to preschool. \_\_\_\_\_

Religious Affiliation (Denomination) \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Father's/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mother's/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Date Received: \_\_\_\_\_ Status: \_\_\_\_\_ Fees: \_\_\_\_\_ Tuition: \_\_\_\_\_