

# REGISTRATION FORM

Wee Achievers Preschool

45-119 Kaneohe Bay Drive, Kaneohe, HI 96744

Today's Date \_\_\_\_\_ Academic Year \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

(First/Middle/Last)

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Place of Birth: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Social Security Number \_\_\_xx\_\_\_ - \_\_\_xx\_\_\_ - \_\_\_\_\_

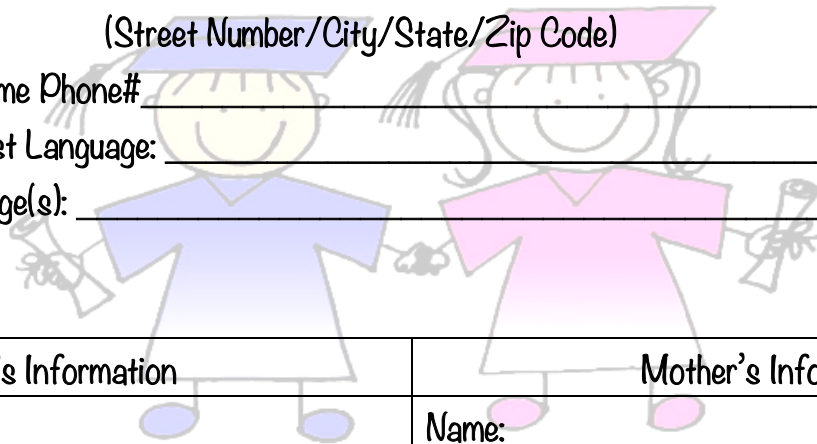
Mailing Address \_\_\_\_\_

(Street Number/City/State/Zip Code)

Student's Home Phone# \_\_\_\_\_

Student's First Language: \_\_\_\_\_

Other Language(s): \_\_\_\_\_



Father's Information	Mother's Information
Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____
Employer: _____	Employer: _____
~address: _____	~address: _____
~phone: _____	~phone: _____

## SIBLINGS

Name	Birthdate/age	Gender	School	Grade

Student Lives With (check all that apply): Father \_\_\_\_\_ Mother \_\_\_\_\_

Step-father \_\_\_\_\_ Step-mother \_\_\_\_\_ Other: \_\_\_\_\_

(Name /Relationship)

Is your child up to date with all vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_

Intentions for Enrollment: I intend for my child to complete the following preschool program(s) at Wee Achievers Preschool:

\_\_\_ 3 Year-old ½ day program (7:30am-12:00pm) \$875+tax=\$916.23

\_\_\_ 3 Year-old “stay-n-play” (7:30-2:30pm) \$1005+tax=\$1052.36

\_\_\_ 4 Year-old ½ day program (7:30am-12:00pm) \$875+tax=\$916.23

\_\_\_ 4 Year-old “stay-n-play” (7:30-2:30pm) \$1005+tax=\$1052.36

Student Profile (to be completed by parent or guardian)

What phrases come to mind when describing your child?

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Please describe your child’s greatest strengths, both cognitive and social:

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Please describe any behavioral, social and/or cognitive special needs of your child that Wee Achievers should be aware of:

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Does your child have any diagnosed learning disabilities?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe your child's interests, including extra-curricular activities:

WEE ACHIEVERS

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Please share any major events that have occurred during your child's life that Wee Achievers should be aware of (relocation, death in the family, major illness, divorce, etc.):

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All applications must be accompanied by a non-refundable check or money order, payable to Wee Achievers, Inc. Upon receipt of this registration form; all materials, documents and files comprising the applicant folder become the property of Wee Achievers.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only (all fees are non-refundable)

\$150 Registration Fee-date received \_\_\_\_\_ (check # \_\_\_\_\_)

\$100 School Supply Fee-date received \_\_\_\_\_ (check # \_\_\_\_\_)

First Months Tuition-date received \_\_\_\_\_ (check # \_\_\_\_\_)

Official copy of Student Health Record submitted: (date) \_\_\_\_\_

(revised Dec. 2024)