

OLIVET BAPTIST PRESCHOOL APPLICATION

www.olivetpreschool.com / email: EuniceC@olivetbaptist.org
1775 South Beretania Street, Honolulu, HI 96826
808-949-7548
2021-2022 School Year

Child's Name: _____

(last) (first) (middle)
Sex (check one): male _____ female _____ Languages spoken at home _____

Birth Date _____ Home Phone _____

Address _____ City/Zip _____

E-mail address _____

Father's Name _____ Business Phone _____

Mother's Name _____ Business Phone _____

Requested Start Date: _____

(month)/(day)/(year)

3&4 year old class schedule requested (Check One) (Birth year Aug. 2016- July 2018)

_____ Schedule A 8:00 a.m. to 11:30 a.m. \$670.00
_____ Schedule B 8:00 a.m. to 2:30 p.m. \$780.00
_____ Schedule C 7:00 a.m. to 5:00 p.m. \$930.00

2-year-old class schedule requested (Check One) (Birth year Aug. 2018- July 2019)

_____ Schedule B 8:00 a.m. to 2:30 p.m. \$810.00
_____ Schedule C 7:00 a.m. to 5:00 p.m. \$945.00

Childcare is available from 7:00 a.m. for schedules A and B for early drop off at an extra charge of \$30.00

How did you hear about our preschool?

Website _____ Paradise Pages _____ Friend/Family Member _____

Verizon Phonebook _____ Facebook _____

A \$50.00 non-refundable application fee must accompany this application.

Notes:

*If your child is accepted in this preschool, we will send you a letter of acceptance.

*It is your responsibility to keep all information in the application current.

*Your child must be toilet trained prior to enrollment. (Exception of 2-year-old class)

Office Use Only

Application Received _____
Enrollment Packet Sent _____
Enrollment Forms Received _____

Olivet Member _____
Sibling of previous student _____
Name of Sibling _____