



the early school

2510 Bingham Street
Honolulu, Hawaii 96826
(808) 955-5881
Website: theearllyschool.org
Email: info@theearllyschool.org

Application for Enrollment

Please include a \$60 non-refundable application fee.
Once this has been received, your child will automatically be placed on our wait list.

Date: _____

Program Preference. Please choose one or both:

Young Children’s Program (18 mo-3 years) 7:30am-5:30pm _____
Preschool Program (2 classrooms: ages 3-4 and 4-6) 7:00am-5:30pm _____

Preferred Date of Entry _____ Age at Preferred Entry Date: _____

Name of Child _____ Nickname _____

Date of Birth _____ Gender _____

Parent/Guardian Name			Parent/Guardian Name		
Relationship to Applicant			Relationship to Applicant		
Address			Address		
City, State, Zip			City, State, Zip		
Home Phone	Cell Phone	Work Phone	Home Phone	Cell Phone	Work Phone
E-mail Address			E-mail Address		

Who else lives in child’s household (parents, siblings, housemates, relatives, etc.) _____

Does the child live in more than one household? _____

Is your child currently in a care situation? _____ Previously? _____

If so, please describe (sitter at home, family day care home, preschool, etc.) _____

Does your child have any special needs? Please describe: _____

Please tell us why you are interest in this particular program.