



St. Francis

HEALTHCARE SYSTEM OF HAWAII
A Legacy of Caring for Hawaii's People

St. Francis Preschool

Dear Parents and Guardians,

Thank you for your interest in St. Francis Preschool at the St. Francis Intergenerational Center. We look forward to collaborating with you on your child's educational journey, which includes special opportunities for the young to interact with the elderly in shared experiences. For your child to be accepted for admission, an interview must be scheduled, and the application form and all other supporting documents as noted below must be received before the child's first day of school.

- Completed Application form
- Copy of child's Birth Certificate
- Copy of Baptismal Certificate, if applicable
- Copy of Report Card or Progress Report, if applicable
- Test results from DOE or other agencies, if applicable
- \$25 Application Fee (non-refundable)

Incomplete Applications will not be returned.

Following review of your application and completed interview, you will be notified by acceptance letter. To confirm your child's enrollment, the remaining supporting fees and documents must be submitted.

- \$150 Registration Fee (non-refundable)
- \$100 Deposit
- Pupil Health Form (Form 14) (Current TB clearance & physical required upon entrance)
- Signed Parent Handbook Statement of Agreement
- Signed Authorization Form

Should you have any questions or concerns, please call the Preschool Office at (808)681-0100.

Sincerely,

Sister William Marie Eleniki, OSF
Director

APPLICANT INFORMATION: School Day () Full Day () Desired Start Date _____

Student's Name _____ Nickname _____

Address _____

Mailing Address _____

Home Phone _____ Birthdate _____ ()M or ()F

PARENT/GUARDIAN INFORMATION:

() Mother () Stepmother () Guardian

() Father () Stepfather () Guardian

Name:	Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
E-mail Address:	E-mail Address:
Occupation/Title:	Occupation/Title:
Employer:	Employer:
Work Phone:	Work Phone:

Parents' Status: () Married () Single () Legally separated () Divorced () Deceased parent: _____

Who has physical custody of the applicant? _____
Name Relationship

If living separately, do you desire correspondence to be mailed to each parent? () Both () Mother only () Father only

The Hawaii Catholic Schools must report to the National Catholic Education Association and local agencies summary data on the gender, religion, and ethnic backgrounds of our students. Therefore, it is required that each person applying for admission to a Catholic school indicate his/her gender, religion and ethnic background on the application form. This information does not affect determination of admission. The ethnic designations are used to indicate a general group to which a person appears to belong or identifies with. Thank you for your cooperation.

Religion (Please check)	Ethnic Background: (Check one only)	Language(s) Spoken at Home:
Catholic	Native American	English
Parish Attending:	African American	Cantonese
Buddhist	Chinese	Mandarin
Baptist	Filipino	Ilocano
Episcopalian	Hawaiian	Tagalog
Lutheran	Part-Hawaiian	Japanese
Mormon	Japanese	Hawaiian
Other Christian	Korean	Samoan
Other:	Spanish, Cuban, Mexican, Puerto Rican	Tongan
None	Samoan	Vietnamese
	White/Caucasian	French
	Multi-Racial/Other	German
	Indo-Chinese	Korean
	Tongan	
	Pacific Islander	
	Portuguese	

We/I certify that the above information is complete and accurate. Any information found to be inaccurate might be considered grounds for dismissal from this school. I understand that all other requested documents must be received by stated due dates or as space permits in order for my child to be considered for enrollment.

Mother/Guardian Signature & Date _____ Father/Guardian Signature & Date _____

MEDICAL INFORMATION:

SFP Application Form 04/2015

Child's
Physician: _____ Phone: _____

Child's
Dentist: _____ Phone: _____

My child has health insurance: () Yes () No
If YES, check: () Private or () QUEST/Medicaid
If private, check your plan: () HMSA () Kaiser () Tri-Care () HMAA () Other: _____

My child receives regular care for the following medical conditions:

- () No medical condition
- () Yes. Please describe.

Allergies? Please list allergy and reaction:

NOTE: Lunch & snacks are provided at our facility. Menus are posted monthly. For children who are lactose intolerant, parent must provide a milk substitute.

In case of an emergency, my child will be taken to the nearest emergency facility. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Mother/Guardian Signature & Date _____

Father/Guardian Signature & Date _____

How did you hear about St. Francis Preschool? () Newspaper/Advertising () Referred by family or friend () Television

Name of source _____

Please list the names of other preschools that your child has attended _____

Why did you choose St. Francis Preschool for your child?

Please share any other pertinent information about your child that would be helpful in helping to better know, understand, and work with your child.

