



# *St. Anthony Preschool*

1627-B Mill Street  
Wailuku, Maui, HI 96793

## **Application Form:**

Date: \_\_\_\_\_

Enrollment year: 20\_\_\_\_\_

Name of child \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Child lives with: (please check)  
Both parents \_\_\_\_\_ Father: \_\_\_\_\_  
Guardian \_\_\_\_\_ Mother: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

If Catholic Parish; \_\_\_\_\_

### **List all Allergies:**

\_\_\_\_\_  
\_\_\_\_\_

Is there anything in your child's developmental history that we should be aware of?  
(Example: complications during pregnancy, disabilities, or major illnesses) \_\_\_\_\_  
\_\_\_\_\_

Do you have or are there any behavior concerns? \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone# \_\_\_\_\_

Place of employment \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone# \_\_\_\_\_ E-mail address: \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Ethnic Background: \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone# \_\_\_\_\_

Place of employment \_\_\_\_\_ Occupation \_\_\_\_\_

BusinessPhone# \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Ethnic Background: \_\_\_\_\_

List all members of household:

_____	_____
_____	_____
_____	_____

