



ST. PHILOMENA EARLY LEARNING CENTER

3300 Ala Laulani Street • Honolulu, Hawaii 96818

OFFICE (808) 833-8080 • FAX (808) 834-3438

2020-2021 SCHOOL APPLICATION

(July '20 - June '21)

Gender:

Child's Name: _____ Birthdate: _____ Male Female
 Last First MI

Address: _____
 Street City/State Zip

Best Contact Phone Number: _____ Email: _____

List Previous School(s) attended: _____

Religion: _____ If Catholic, Parish: _____

Ethnic Background (Check one only)

Language Spoken At Home

- a American Indian
- b Black
- c Chinese
- d Filipino
- e Hawaiian
- f Part Hawaiian
- g Japanese
- h Korean

- i Portuguese
- j Spn. Cuban.Mex.Prto Rican
- k Samoan
- l White
- m Other
- n Indo Chinese
- o Tongan
- p Pacific Islander

- a English
- b Cantonese
- c Mandarin
- d Ilocano
- e Tagalog
- f Cebu/Visayan
- g Hawaiian
- h Japanese
- i Korean
- j Samoan
- k Vietnamese
- l Other
- m French
- n German
- o Italian
- p Portugese
- q Spanish
- r Tongan

N.B. The Catholic School Department must report to the National Catholic Education Association, Federal and local agencies summary data on the sex and ethnic backgrounds on our students. Therefore, it is required that each pers on applying for admission to a Catholic school indicate his or her sex and ethnic background on the application form. This information does not effect determination of admission. The ethnic designations are used to indicate a general group to which a person appears to belong, identify with.

FATHER'S LAST NAME	FIRST	MI	ETHNIC	RELIGION	OCCUPATION
HOME ADDRESS			CITY	ZIP	HOME PHONE
EMPLOYER	EMPLOYER ADDRESS		CITY	ZIP	BUS. PHONE
MOTHER'S LAST NAME	FIRST	MI	ETHNIC	RELIGION	OCCUPATION
HOME ADDRESS			CITY	ZIP	HOME PHONE
EMPLOYER	EMPLOYER ADDRESS		CITY	ZIP	BUS. PHONE

CHILD LIVES WITH: BOTH PARENTS FATHER MOTHER GUARDIAN

PARENTS ARE: MARRIED DIVORCED DECEASED: MOTHER FATHER

GUARDIAN LAST (IF APPLICABLE)	FIRST	MI	ETHNIC	RELIGION	OCCUPATION
HOME ADDRESS			CITY	ZIP	HOME PHONE
EMPLOYER	EMPLOYER ADDRESS		CITY	ZIP	BUS. PHONE

PROGRAM PREFERENCE: (Please indicate choice)

Early Morning Care @ 6:30 a.m. Toddler: School-Day All-Day
 Pre-Primary School-Day All-Day Kindergarten: School-Day All-Day
 Tour of School: Yes No Date: _____ Referred to SPELCC by: _____

FOR OFFICE USE ONLY:

Fees Paid	Application/Regis.	Deposit	Deferral	Assigned Room:
Date/ Amount Paid				
RW <input type="checkbox"/>		QB <input type="checkbox"/>		FACTS <input type="checkbox"/> Start Date: _____

Parent Questionnaire

Note to Parents: Your responses on this questionnaire will help us to learn more about your child. Please complete each item and return it with your completed application form. There are no "right" or "wrong" answers to the questions.

Child's name: _____ Birthdate: _____

Name of Person(s) completing questionnaire: _____

1. Describe a typical weekday for your child.

2. Describe a typical weekend for your child.

3. Identify two things that your child likes to do best and two things that your child does not like to do.

4. What is your favorite thing to do with your child?

5. Describe how your child interacts with his/her siblings (if applicable).

6. Describe how your child interacts with other children (i.e., non-siblings).

7. Aside from Mom and/or Dad or Guardian, who are the adults to whom your children feels closest to and why?

8. Identify 3 words which you feel best describes your child.

9. What do you enjoy most about your child? What makes him/her special?

10. Why do you want your child to attend St. Philomena Early Learning Center?