

Hō'ike o ke Keiki (Child Information)		
Inoa Hope (Last Name)	Inoa Mua (First Name)	Inoa Waena (Middle Initial)
Helu Wahi (Street Address)		
Ahupua'a (City)	Moku 'āina (State)	Helu Ahupua'a (Zip Code)
'Ehia ona makahiki (How old is he/she?)(yrs/mo)		Lā Hānau (Birthdate) (MM/DD/YY)
He mau 'ano ma'i, paheu kona? (Any Allergies?)		

'O ke ka'ina hea kou makemake? (Which schedule would you prefer for your child?)			
<input type="checkbox"/>	Hele Piha (Full Time)	M – F	\$1300 Pēpē & \$1200 Kamali'i
<input type="checkbox"/>	Hele Hapa (Part Time)	M, W	\$650 Pēpē & \$550 Kamali'i
<input type="checkbox"/>	Hele Hapa (Part Time)	T, R	\$650 Pēpē & \$550 Kamali'i

'O nā makakoho o Hānaiaulu. (Priorities will be given to...)	
<input type="checkbox"/>	Hawaiian Language Learneds or Speakers
<input type="checkbox"/>	Pell Eligibility
<input type="checkbox"/>	Full-time status
<input type="checkbox"/>	Good standing GPA

Disclaimer and Signature	
<p><i>Ke pūlima 'ae au i nā mea a pau ma kēia palapala noi komo nei. (I certify that the information provided on this form is true and complete to the best of my knowledge.)</i></p>	
Pūlima (Signature)	Helu o ka lā (Date)

Staff Signatures	
Site Director of Hanaiaulu Childcare Center Signature	Helu o ka lā (Date)
Student Parent Counselor Signature	Helu o ka lā (Date)