



Received: _____

(FOR OFFICE USE ONLY)

Early Childhood Program Registration 2016-17

Please indicate your **preference** for the Early Childhood Program Registration, by selecting **one** of the following options. We will make every attempt to accommodate your preference, but balance of class will take precedence. Please note that mid-year changes are permissible only as class size allows.

Student's FULL NAME: _____

(First and Last Name)

Preschool Classes (KOA CLASS) (KUKUI CLASS)

- Age 2 to 4 years by May 31st
- Limited spaces for non-potty trained

- 5 Day, FULL, 8:00 a.m. - 2:45 p.m. (Monday thru Friday)
- 5 Day, NOON, 8:00 a.m. - 12:00 p.m. (Monday thru Friday)
- 3 Day, FULL, 8:00 a.m. - 2:45 p.m. Mon., Tues., Wed. or Wed., Thur., Fri.
- 3 Day, NOON, 8:00 a.m. - 12:00 p.m. Mon., Tues., Wed. or Wed., Thur., Fri.

Mixed-Age Kindergarten (MILO CLASS) (KAMANI CLASS)

- Age 4 years to 6 years
- 5 Day, FULL, 8:00 a.m. - 2:45 p.m. (Monday thru Friday)
- 5 Day, NOON, 8:00 a.m. - 12:00 p.m. (Monday thru Friday)

Parent/Guardian: _____ Relationship to Student: _____

PRINT

Parent/Guardian: _____ Date: _____

SIGNATURE