

APPLICATION  
COMMUNITY COLLEGE CHILDREN'S CENTERS

Start Date - \_\_\_\_\_  
Preferred Child Care  
Days - \_\_\_\_\_

Child's Legal Name \_\_\_\_\_  
Last Name
First Name
Middle Name

Date of Birth \_\_\_\_\_ Gender: Boy \_\_\_\_\_ Girl \_\_\_\_\_

Nickname \_\_\_\_\_ Special Needs \_\_\_\_\_

Children's Center: \_\_\_\_\_ HonCC-Keiki Hauoli Children's Center \_\_\_\_\_ LeeCC Children's Center  
 \_\_\_\_\_ KapCC-Alani Children's Center

Campus:	Parent Status:	#1	#2	Preferred Starting Semester:	Preferred Child Care:
HonCC _____	New Student	_____	_____	Fall _____	Full _____
KapCC _____	Continuing Student	_____	_____	Spring _____	M/W/F _____
LeeCC _____	Faculty	_____	_____		T/Th _____
Other UH _____	Lecturer	_____	_____		Other _____
	Staff	_____	_____		Not Sure _____
	Other UH	_____	_____		
	Non-UH/Community	_____	_____		

Parent/Guardian (Primary contact):

\_\_\_\_\_  
Name UH ID (if applicable) Relationship to child

\_\_\_\_\_  
Address City Zipcode

Preferred contact phone number: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Email: \_\_\_\_\_ Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_

Parent/Guardian (Secondary Contact if unable to reach Primary):

\_\_\_\_\_  
Name UH ID (if applicable) Relationship to child

\_\_\_\_\_  
Address City Zipcode

Preferred contact phone number: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Email: \_\_\_\_\_ Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Date

Date Received by Children's Center \_\_\_\_\_