

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 _____