



A lifetime of learning starts here

REGISTRATION FORM

Please fill out the application form

Put a cross through any part of the application form which is not applicable.

| | |
|--|-----|
| Child's name (last, first, middle) | |
| Birthdate | |
| Age at time of application | m/f |
| Citizenship | |
| Preschool or Elementary School (if applicable) | |

| | |
|---------------------|--|
| Full name of mother | |
| Occupation | |
| Telephone (Work) | |
| (Home) | |
| (Cell) | |
| Mailing Address | |
| | |

| | |
|---------------------|--|
| Full name of father | |
| Occupation | |
| Telephone (Work) | |
| (Home) | |
| (Cell) | |
| Mailing Address | |
| | |

TLC Location

- Aiea Hawaii Kai King Street

| | | |
|------------------|-------|--|
| Allocated class: | Day: | |
| | Time: | |