



# QUEEN EMMA

3019 Pali Highway, Honolulu, Hawaii 96817

Telephone (808) 595-4686

**STARTING DATE:** \_\_\_\_\_

Child's Name: _____	Sex: _____	Birthdate: _____
Child's Nickname (if any): _____		
Address: _____	_____	Home Phone #: _____
<small>Street</small>	<small>City</small>	<small>Zip Code</small>

Father's Name: _____	Mother's Name: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Phone (s): _____	Phone (s): _____
E-mail: _____	E-mail: _____

Legal Guardian's Name (If child does not live with parent) : \_\_\_\_\_

Names(s) and ages(s) of sisters and brothers: \_\_\_\_\_

In case of EMERGENCY and neither parent can be reached, CALL:

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City Zip Code

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City Zip Code

### Medical Information

Pediatrician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

List Physical Limitations / Allergies: \_\_\_\_\_

In the event of an emergency, if my child's doctor cannot be reached, I give permission for another doctor to be called.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

I give permission for my child to be taken to the nearest emergency room and Dr. \_\_\_\_\_  
to be contacted as deemed necessary.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**Pick-up Authorization**

Names of those who may pick your child up (including mother and father):

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

4. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

5. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

6. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

7. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

8. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

9. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

10. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

I WISH TO ENROLL MY CHILD IN THE QUEEN EMMA PRESCHOOL AND AGREE TO PAY THE MONTHLY TUITION BY THE TENTH (10th) DAY OF EACH MONTH OR ANY BALANCE THAT MAY BE DUE.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date Signed