APPLICATION
COMMUNITY COLLEGE CHILDREN'S CENTERS

Office Use Only
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:
HonCC ☐
KapCC ☐
LeeCC ☐
WCC ☐
WOC ☐

Parent Status:	#1	#2
New Student	☐	☐
Continuing Student	☐	☐
Faculty	☐	☐
Lecturer	☐	☐
Staff	☐	☐
Non-UH/Community	☐	☐

Preferred Starting Semester:

	Semester	Year
Fall		
Spring		

Preferred Child Care:
Full _____
M/W/F _____
T/Th _____
Other _____
Not Sure _____

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 _____