

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