



THE KOLOA EARLY SCHOOL

Student Application

Child's Full Legal Name: _____

Name you would like us to label your child's cubby and other items: _____

Birth date: ____ - ____ - ____ Home Phone: _____

Special Diet? Yes No

If Yes, please specify so we can work together to ensure your child's best interest:

Allergy: _____ Intolerance: _____ Other: _____

Father's Name (Guardian): _____

Place of Work & Bus. Phone: _____ Cell #: _____

Mother's Name (Guardian): _____

Place of Work & Bus. Phone: _____ Cell #: _____

Home Mailing Address: _____

Apt#: _____ City: _____ Zip Code: _____

Phone Where You Can Be Reached During School Hours: _____

E-Mail: (mom) _____ (dad) _____

Circle Program Hours In Which you Wish To Enroll Your Child:

1:15

3:00

5:00

Date You Wish To Enroll Your Child: _____ Today's Date: _____

TKES Application Fee is \$100, and is non-refundable. The completed application with the application fee secures your child's spot on TKES waiting list.

Where children love to learn!

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