

A PROCESSING FEE OF \$20.00 IS DUE AT THE TIME OF SUBMISSION



Imua Inclusion Preschool

Student Application Form

Child's Name: _____
Last Name First Name MI

Date of Birth:

Month	Day	Year							

 Child prefers to be called: _____

Address: _____
Street Address City State Zip Code

Ethnicity(ies) (include all): _____ Gender: _____

Parent/Guardian 1: _____
Last Name First Name MI

Home Address: _____
Street Address City State Zip Code

Mailing Address: _____
Street Address City State Zip Code

Place of Work: _____ Relationship to Child: _____

Phone: _____ Mobile Home Work Email: _____

Date of Birth:

Month	Day	Year							

 Ethnic Background: _____

Parent/Guardian 2: _____
Last Name First Name MI

Home Address: _____
Street Address City State Zip Code

Mailing Address: _____
Street Address City State Zip Code

Place of Work: _____ Relationship to Child: _____

Phone: _____ Mobile Home Work Email: _____

Date of Birth:

Month	Day	Year							

 Ethnic Background: _____

FAMILY LIFE

Siblings (names & birthdates): _____

Others living in child's household (names & relationship to child): _____

DEVELOPMENTAL & MEDICAL HEALTH HISTORY

Provide a brief birth history of your child including length of term, complications during pregnancy/labor/delivery, and any other pertinent developmental and/or medical information which will help us understand your child's needs:

How old was your child when he/she was first able to do the following? (age in months)

Sat Alone _____ Walked Alone _____ Said First Word _____ Used a Sentence _____

How understandable is your child's speech to non-family members? _____

List the following:	Age	Type, Treatment, & Medication
Allergies		
Childhood diseases		
Convulsions		
Ear infections		
Eye conditions		
Problems in muscle/bone development		
Serious accidents/injuries		

Let us know of any other concerns not listed previously. Note any treatment or medication for each concern. Include services currently and previously received from Imua Family Services, the Department of Education, or any other agencies:

Health Insurance Provider: _____

Primary Care Physician: _____

OTHER INFORMATION

Provide us with any additional information which you believe will be helpful to us in understanding your child:

How do you think your child’s transition into Imua Inclusion Preschool will go?

ABOUT INCLUSION IN EARLY CHILDHOOD EDUCATION

Imua Inclusion Preschool has a number of spaces reserved for children with disabilities, special needs, or developmental delays. Inclusion is the active participation of young children with disabilities and typically developing children in the same classroom and community settings. These services are usually provided through the collaboration of professionals from a variety of disciplines (e.g., early childhood education teachers, special education teachers, speech pathologists, occupational therapists, physical therapists). Numerous studies have shown that a properly managed inclusive setting is beneficial for all the students in the classroom.

Has your child been identified as having a disability, special need, or developmental delay? Yes No

If “Yes”, please describe: _____

Name & Address of child's current (or most recent) preschool(s)/day care(s):

My child has never been enrolled in preschool or daycare.

School/Day Care Name

Dates Attended

Reason for leaving

_____	_____	_____
_____	_____	_____
_____	_____	_____

DESIRED START DATE

Note your preferred start date (month & year) below. While desired start dates will be considered, be aware that the preschool's priority is to minimize vacancies and that families' desired start dates are often unable to be accommodated. The start date will be discussed with families following the enrollment selection process.

Families on the waitlist will be contacted when/if vacancies occur. Failure to return calls within a reasonable amount of time when attempts to contact are made will result in placement offers being forfeited and the application being removed from consideration for future vacancies.

Month: _____ Year: _____

Comments: _____

APPLICATION PROCESS

- Submit the following items to *Imua Inclusion Preschool, 161 S. Wakea Ave., Kahului, HI 96732*:
 1. Student Application Form
 2. Non-Refundable Processing Fee (\$20.00)
 3. Child's Birth Certificate
- Families unable to be accommodated with a space in the classroom will be placed on the waitlist. Waitlisted families will be contacted when an appropriate classroom space opens up. The \$20.00 processing fee is non-refundable and does NOT guarantee placement.
- Incomplete forms and/or forms received without an accompanying birth certificate or processing fee will not be processed.
- Reporting of false information will result in disqualification from enrollment.
- Following review, Imua Inclusion Preschool staff will contact families regarding next steps.

Print Parent/Guardian Name

Parent/Guardian Signature

Date