APPLICATION COMMUNITY COLLEGE CHILDREN'S CENTER

Child's Legal Name				
Date of Birth	Last Name	First Name Gender: Male	Middle Name Female	
Nickname		Special Needs		
	ildren's Center: HCC-Keiki Hauoli Children's Center KCC-Alani Children's Center		Leeward CC Children's Center	
KCC			Child Care - Semester/ Fall/ Spring/	Year Preferred Entrance Full MWF T/TH Not Sure
Parent/Guardian's Lega	al Name		UH ID (if applic	able) Birth date
Address			City	Zipcode
Home Phone		Work Phone	Cell Phone	
Email	Occupation			
	Student	New Student	_ Major	
Other Parent/Guardian	's Legal Name		UH ID (if applic	cable) Birth date
Address			City	Zipcode
Home Phone		Work Phone	Cell Phone	
Email		Occupation		
Marital Status: Married	d Single _			
	Student	New Student	Major	
Signature of Parent/Gu	uardian		Date	