APPLICATION
COMMUNITY COLLEGE CHILDREN'S CENTER

Child's Legal Name _____
Last Name First Name Middle Name
Date of Birth _____ Gender: Male _____ Female _____

Nickname _____ Special Needs _____

Children's Center: HCC-Keiki Hauoli Children's Center LCC-Leeward Children's Center
__✓__ KCC-Alani Children's Center

Parent Status:
HCC _____ Student _____
KCC _____ Faculty/Staff _____
LCC _____ Non-UH/Community _____
UH-M _____
WO _____

Child Care - Semester/Year Preferred Entrance
Fall ____/____ Full _____
Spring ____/____ MWF _____
T/TH _____
Not Sure _____

_____ _____ _____
Parent/Guardian's Legal Name UH ID (if applicable) Birth date

_____ _____ _____
Address City Zipcode

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Occupation _____

Marital Status: Married _____ Single _____

Student Status:
Continuing Student _____ New Student _____ Major _____

No. of Credit Hours _____

_____ _____ _____
Other Parent/Guardian's Legal Name UH ID (if applicable) Birth date

_____ _____ _____
Address City Zipcode

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Occupation _____

Marital Status: Married _____ Single _____

Student Status:
Continuing Student _____ New Student _____ Major _____

No. of Credit Hours _____

_____ _____
Signature of Parent/Guardian Date

Date Received by Children's Center _____