

## **ALPHABETLAND PRESCHOOL LLC**

**Waipahu – Pearl City – Newtown**

Dear Parents/Guardians,

Alphabetland Preschool LLC is now accepting registration for the 2024 summer session which starts on June 3rd, 2024 and for the 2024-25 school year which starts on August 1st, 2024.

Alphabetland is not only a day care center but a school as well. All teachers and aides are highly qualified and licensed to teach and work with young children. We believe that children at this age are ready and eager to learn and can be taught basic developmental concepts. We offer a child development curriculum that includes not only academics, but music, singing, rhythms, art, games, creative movement, creative drama, dancing, physical coordination, and field trips (when allowed by state licensing).

The students are exposed to multi-sensory instruction (auditory, visual, kinesthetic, tactile, etc.), hands-on learning (manipulating objects), critical thinking (learning to think for themselves), co-operative learning (working in small groups) and differentiated instructions (meeting students' needs through flexible grouping, learning styles and academic strengths).

We strive to offer a well-rounded program that helps your child in his or her social, emotional, intellectual, and physical development so that they will become well-rounded, self-directed life-long learners. In addition, Alphabetland instills basic core values within our curriculum such as love, respect, and self-esteem for others and yourself. Overall, parents can feel confident that their child is developing a solid foundation with good core values and the education that is needed for a bright future in a safe and nurturing environment.

### **Pre-Kindergarten (4 Year Olds)**

The Pre-Kindergarten (4 year old) classes will continue to use Alphaphonics as their main language arts program with Open Court and the SRA Beginning to Learn Kit as a supplement. In the area of mathematics, we will be using a variety of math materials including worksheets, learning games, and other math manipulatives.

The 4 year olds will also participate in learning centers which include games and puzzles that help strengthen reading and math skills. Some of these include Tangrams, memory games, and Smart Games which is an award-winning brain game company that promotes spatial insight and logical reasoning.

The 4 year olds will be introduced to smart tablets. They will be using the personalized learning on the IXL which is an on-line math program that motivates students through interactive games and exercises.

Lastly, at the Pre-Kindergarten level, we have planned trips to the fire station, Waikiki Aquarium, Honolulu Zoo, and the Planetarium. We also feature several puppet and in-house shows during the year. It is a program that is both enjoyable and educational. Our children are well prepared when they enter kindergarten.

**In addition, for those who are late born or academically ready, the teachers are prepared to implement differentiated teaching. Alphetland will offer those that are ready a kindergarten curriculum supplement.**

### **3 Year Olds**

The 3 year old classes will receive a basic reading readiness program in addition to Alpha Phonics. This program teaches number and alphabet concepts with pictures, stories, and oral classroom discussions led by the teacher. The 3 year olds will also be learning math skills such as counting by ones, fives and tens, number recognition, measurement, geometry, sorting, and patterns. They will be using various math manipulatives to help develop conceptual understanding in math.

Social development is emphasized the first semester. Other features of the program are the development of small and large muscle coordination, art, music, dramatic play and creative movement. Field trips will be offered primarily during the second semester.

### **Nursery (2 Year Olds)**

Our 2 year old program uses the "Just for Two" program which is specifically planned to meet their developmental needs. We will also emphasize social development and verbal skills. Children will have the opportunity to develop large as well as small muscle coordination through music, art, and outside/indoor playtime. The 2 year old program is offered at the Waipahu and Pearl City branches only.

If you wish to take advantage of Alphetland's excellent preschool and child care program for your child, please fill out the registration form and mail it to our Waipahu office at 94-069 Waipahu Street, Waipahu, Hawaii, 96797 or drop it off at any of our branches with the \$100.00 registration fee. Checks or money order should be made payable to Alphetland Preschool LLC. **Cash will NOT be accepted except at the Waipahu office.** Please return your registration form by 5:00 PM on Friday, January 26th, 2024. After January 26th, registration will be on a first come, first served basis. **Please read the "Registration Procedures" very, very carefully so that there will be no misunderstanding or disappointments later.**

If you have any questions regarding registration, please call the main office at (808) 677-8009. We will be more than happy to assist you.

# ALPHABETLAND PRESCHOOL LLC

Waipahu – Pearl City – Newtown

## REGISTRATION PROCEDURES

### 1. Tuition and Child Care Fees:\* (Effective 08/01/24) MONTHLY FEES

| A. Full Day 6:00 AM – 5:30 PM<br>(Waipahu & Pearl City Locations)<br>(Newtown Location) | One child                    | <u>Ages 3 &amp; 4*</u><br><b>\$1090.00</b><br><b>1190.00</b> | <u>Age 2**</u><br><b>\$1125.00</b> |
|---|------------------------------|--|------------------------------------|
|   | <b>Each additional child</b> | <b>\$100 off</b>   |                                    |

Tuition includes breakfast snack, lunch & afternoon snack.

NOTE: Second child rate does not apply to those receiving tuition assistance.

- B. Late Charges - \$3.00 per minute (based on school's clock) is charged for any child left beyond 5:30 PM. There will be no grace period. Late pickups after 6:00 PM will be charged \$6.00 per minute. Late pickup is discouraged for health and safety reasons. This charge is payable when incurred. Repeated late pickups will necessitate disenrollment of the student to protect the school and its employees from liability.

\* This schedule of fees is subject to periodic change due to increases in Alphabetland Preschool LLC's costs.

\*\* Alphabetland Preschool LLC accepts 2 year olds only at our Waipahu and Pearl City branches.

2. The registration fee of \$100.00 per child must be paid with every registration form. This fee is not refundable.

NOTE: When enrollment is full and there are no immediate openings expected in the near future, the applicant may be placed on the waiting list without paying the registration fee.

3. Bring the completed application and the \$100.00 registration fee to any of our branches or mail it to Alphabetland Preschool LLC, 94-069 Waipahu Street, Waipahu, Hawaii 96797.
4. Shortly after your application has been received, you will be notified of your child's acceptance. At this time, a \$250.00 comprehensive fee will be due. The comprehensive fee is for all books, paper, paste, crayons, scissors, etc. that Alphabetland Preschool LLC will provide throughout the school year. Please pay this comprehensive fee within two (2) weeks from the date of notification. If the comprehensive fee is not paid, the applicant will be placed on the waiting list.

\_\_\_\_\_  
Initial

5. Registration fees and comprehensive fees, once accepted are considered to be earned and will not be refunded.
6. A. Although registration is for the full calendar year, Alphabetland Preschool LLC's tuition fees will be paid on a monthly basis. Tuition and child care payments are due and payable on the 1<sup>st</sup> day of each month in full. Accounts unpaid by the 5<sup>th</sup> day of each month are delinquent. Late payments made after the 10<sup>th</sup> day will be assessed a late fee of \$50.00 and must be paid in cash or money order. Delinquent accounts after the 15<sup>th</sup> of the month will result in the student's disenrollment. Re-enrollment is then on a space available basis provided past due balances are paid.
- B. Registration to Alphabetland Preschool LLC holds your child's spot for the full calendar year according to the State of Hawaii licensing. Thus, monthly tuition is due unless 30 day written notice is given to Alphabetland Preschool LLC for withdrawal from school.
- C. A \$20.00 charge will be assessed on all returned checks. Dishonored (bounced) checks may not be redeposited. Customers are asked to redeem bounced checks in cash or money order as soon as possible. If a dishonored check is not redeemed by the 10<sup>th</sup> of the month, an additional \$50 late payment fee will be assessed.
- D. For the 2024-25 school year, the following per day rate will be used to calculate prorated tuition:
- (Waipahu & Pearl City): (3 & 4 Yr Olds) - \$55.00 / day & (2 Yr Olds) - \$57.00 / day  
(Newtown Location): (3 & 4 Yr Olds) - \$60.00/ day
- E. **NO REFUNDS OR PRORATIONS WILL BE GIVEN FOR ABSENCES FROM ALPHABETLAND PRESCHOOL LLC. NO REFUNDS OR CREDITS WILL BE GIVEN FOR WITHDRAWALS UNLESS 30 DAYS WRITTEN NOTICE IS GIVEN. MAXIMUM REFUND OR CREDITS WILL BE AT THE RATE OF ½ THE MONTHLY CHARGE. NO REFUNDS OR CREDITS WILL BE GIVEN FOR SCHOOL HOLIDAYS OR VACATION PERIODS INCLUDING CHRISTMAS VACATION AND SPRING VACATION.**
- F. Students entering at times after the fifth (5<sup>th</sup>) of the month may have their initial month's tuition prorated. However, if the student's space is reserved or held, the full tuition will be due from the date the space is reserved.
- G. The summer session may be prorated with a proper 30 day written notice of a withdrawal date.
7. There will be no request for teachers. Children will be placed into classes by lottery in order to be fair to everyone.

8. Alphetland Preschool LLC reserves the right to deny admission or to dismiss a child for any reason that we feel is in the best interest of the school including conflicts of interest, unresolved disputes, potential liabilities and confrontational disagreements. This is to ensure the protection of the health, welfare, and safety of the other children and school staff. Furthermore, Alphetland Preschool LLC's shall have the right in its sole discretion to terminate the privilege of attendance of any student if the student, parent, guardian or other family associate engages in or exhibits abusive, rude, hostile, disruptive, aggressive, intimidating, annoying or harassing behavior. Any decision by Alphetland Preschool LLC to dismiss a student shall be deemed final and non-appealable. Dismissal means immediate separation from the school.

9. Person(s) responsible for the tuition payment: \_\_\_\_\_  
NOTE: If person(s) responsible for the tuition payment is not the parent or guardian, please sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

10. I have read the foregoing and hereby signify my acceptance of these policies by my signature below:

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent or Guardian

Sign and initial both copies. Attach 1 copy to your registration. Keep 1 copy for your information and records. Alphetland Preschool LLC thanks you for your interest in our child care business.

8. Alphetland Preschool LLC reserves the right to deny admission or to dismiss a child for any reason that we feel is in the best interest of the school including conflicts of interest, unresolved disputes, potential liabilities and confrontational disagreements. This is to ensure the protection of the health, welfare, and safety of the other children and school staff. Furthermore, Alphetland Preschool LLC's shall have the right in its sole discretion to terminate the privilege of attendance of any student if the student, parent, guardian or other family associate engages in or exhibits abusive, rude, hostile, disruptive, aggressive, intimidating, annoying or harassing behavior. Any decision by Alphetland Preschool LLC to dismiss a student shall be deemed final and non-appealable. Dismissal means immediate separation from the school.

9. Person(s) responsible for the tuition payment: \_\_\_\_\_  
NOTE: If person(s) responsible for the tuition payment is not the parent or guardian, please sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

10. I have read the foregoing and hereby signify my acceptance of these policies by my signature below:

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent or Guardian

Sign and initial both copies. Attach 1 copy to your registration. Keep 1 copy for your information and records. Alphetland Preschool LLC thanks you for your interest in our child care business.



**ALPHABETLAND PRESCHOOL LLC**  
**94-069 Waipahu Street Waipahu, HI 96797**

For Office Use  
Reg. Fee \_\_\_\_\_  
Date \_\_\_\_\_

REGISTRATION FORM 2024-25

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
No. Street City Zip Code

Mailing Address: (If different from above) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\*\*\*\*\*

Parent's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Number: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Bus. Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ Working Hrs: \_\_\_\_\_ to \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Number: \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_ Bus. Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ Working Hrs: \_\_\_\_\_ to \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

If divorced, separated or single, who does the child live with? \_\_\_\_\_

Who has legal custody? \_\_\_\_\_ (Please provide legal documents)

Other schools attended: \_\_\_\_\_

Other sibling(s) who attended Alphabetland: \_\_\_\_\_

Other sibling(s) in the family:

| Name     | Age | School |
|----------|-----|--------|
| 1. _____ |     |        |
| 2. _____ |     |        |
| 3. _____ |     |        |

\*\*\*\*\*

Who will bring the child? \_\_\_\_\_ Expected time of arrival each day: \_\_\_\_\_

Who will pick up the child? \_\_\_\_\_ Expected time of pick up each day: \_\_\_\_\_

**\*\* If either parent is not authorized to pick up, the school must be notified in writing \*\***

Persons authorized to pick up child other than parents: **(Must be at least 18 years old)**

| Name     | Address | Phone |
|----------|---------|-------|
| 1. _____ |         |       |
| 2. _____ |         |       |
| 3. _____ |         |       |

\*\*\*\*\*

Starting date: (example: Summer 6/03 or Fall 8/01)  
\_\_\_\_\_

Preferred location: (example: 1st choice, 2nd choice)

Waipahu \_\_\_\_\_ Pearl City \_\_\_\_\_ Newtown \_\_\_\_\_

NOTE: Newtown Lease is currently in negotiations

\*\*\*\*\*

I am applying to Alphabetland Preschool LLC and hereby signify my acceptance of the registration procedure and registration form by my signature below:

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent or Guardian



**ALPHABETLAND PRESCHOOL LLC**

**94-069 Waipahu Street Waipahu, HI 96797**

EMERGENCY FORM 2024-25

Student's Name: \_\_\_\_\_

Last

First

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency References: List two relatives, friends or neighbors who will assume temporary responsibility and care of your child if you cannot be reached.

1. Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Address: \_\_\_\_\_ Bus.#: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home#: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Address: \_\_\_\_\_ Bus.#: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home#: \_\_\_\_\_

\*\*\*\*\*

Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Physician's Exchange: \_\_\_\_\_

\*\*\*\*\*

Is your child allergic to any foods? **If "yes", list foods and please get a doctor's note for verification**

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special medical problems? If "yes", please write a brief description and indicate if your child is receiving special medication(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If immediate attention is required, the school may make any arrangements deemed necessary.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# ALPHABETLAND PRESCHOOL LLC

94-069 Waipahu Street Waipahu, HI 96797

Waipahu \*\*\* Pearl City \*\*\* Newtown

## CHECKLIST FOR SCHOOL

Name: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Alphabetland Registration Sheet

\_\_\_\_\_ Emergency Information

\_\_\_\_\_ Health Form #14 - Available at your child's doctor's office. Your child will not be able to attend without this form.

\_\_\_\_\_ Form DHS 908 - Early Childhood Pre-K Health Record Supplement - Form available at the school

\_\_\_\_\_ 2 sets of extra change of clothing (including underwear) in a container (shoebox size) marked with your child's full name

\_\_\_\_\_ Painting smock

\_\_\_\_\_ Sleeping mat (blanket or towel acceptable). No slumber bags or bulky folding mats. Mats must be able to fit in cubby hole.

Please mark all clothing and child's belongings with full name.

If there are any changes in address or telephone numbers, please inform the office immediately.

Please make sure to fill out the "Permission to Participate in Program Activities and Receive Emergency Medical Care" form and the field trip permission slip as soon as your child starts school. Forms are available in the office or you can ask your child's teacher.

When all items on this checklist have been brought to school, please return this form to the office for filing.

When leaving the school, be sure to take all of your child's personal belongings with you. The health form may be picked up in the office. We will not be responsible for any items left.

# Department of Education STUDENT'S HEALTH RECORD

Student Address Label

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial)

Female  Preschool: Entry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Male  Elementary: Entry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Intermediate/Middle: Entry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 High: Entry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Birthdate 

|       |  |     |  |      |  |  |  |  |  |
|-------|--|-----|--|------|--|--|--|--|--|
|       |  |     |  |      |  |  |  |  |  |
| Month |  | Day |  | Year |  |  |  |  |  |

Parent's Name \_\_\_\_\_ (Mother/Legal Guardian) \_\_\_\_\_ (Father/Legal Guardian)

Allergies: \_\_\_\_\_

Please complete the following sections **(CHECK IF YES)**

| MEDICAL STATUS                               |   |   |  |   |   |  |  |  |  |
|--|---|---|--|---|---|--|--|--|--|
| Allergy (type) <input type="checkbox"/>      | Cancer/Leukemia <input type="checkbox"/>        | Hearing Problems <input type="checkbox"/> | Hypertension <input type="checkbox"/>    | Seizures <input type="checkbox"/>           | Vision Problem <input type="checkbox"/> |  |  |  |  |
| Asthma <input type="checkbox"/>              | Chronic Cough/Wheezing <input type="checkbox"/> | Heart Disease <input type="checkbox"/>    | JRA Arthritis <input type="checkbox"/>   | Sickle Cell Anemia <input type="checkbox"/> |   |  |  |  |  |
| Behavioral Problems <input type="checkbox"/> | Diabetes <input type="checkbox"/>               | Hemophilia <input type="checkbox"/>       | Rheumatic Heart <input type="checkbox"/> | Skin Problems <input type="checkbox"/>      |   |  |  |  |  |

| PHYSICIAN'S EXAMINATION CODE: N-NORMAL; A-ABNORMAL; C-CORRECTED; R-RECEIVING CARE |       |        |        |     |                |        |    |         |    |      |      |      |        |       |       |       |         |                |      |           |             |           |  |   |   |                      |                                  |  |  |
|---|-------|--------|--------|-----|----------------|--------|----|---------|----|------|------|------|--------|-------|-------|-------|---------|----------------|------|-----------|-------------|-----------|--|---|---|----------------------|----------------------------------|--|--|
| Date  | Grade | Height | Weight | BMI | Blood Pressure | Vision |    | Hearing |    | Eyes | Ears | Nose | Throat | Teeth | Heart | Lungs | Abdomen | Nervous System | Skin | Scoliosis | Extremities | Nutrition | Varicella Immunity Secondary to Disease (DATE) | Reviewed Immunization Record (Check if Yes) | Completed PPD Screening (Check if Yes) <small>See Results Below</small> | Provider's Signature | Provider's Stamp or Printed Name |  |  |
|   |       |        |        |     |                | R.     | L. | R.      | L. |      |      |      |        |       |       |       |         |                |      |           |             |           |  |   |   |                      |                                  |  |  |
|   |       |        |        |     |                |        |    |         |    |      |      |      |        |       |       |       |         |                |      |           |             |           |  |   |   |                      |                                  |  |  |
|   |       |        |        |     |                |        |    |         |    |      |      |      |        |       |       |       |         |                |      |           |             |           |  |   |   |                      |                                  |  |  |

| TUBERCULOSIS EVALUATION  |                          |                             |
|--|--------------------------|-----------------------------|
| Check one box below, complete date assessment, test or x-ray was administered. |                          | Physician, APRN, PA, Clinic |
| Negative TB Risk Assessment  | Date: ____ / ____ / ____ |                             |
| Negative test for TB infection   | Date: ____ / ____ / ____ |                             |
| Positive test, and negative chest x-ray  | Date: ____ / ____ / ____ |                             |

| DENTAL EXAMINATION |                          |
|--------------------|--------------------------|
| Dental Check-Up    | Date: ____ / ____ / ____ |
| Dental Check-Up    | Date: ____ / ____ / ____ |

| IMMUNIZATIONS (VACCINES, DATES GIVEN: MONTH/DAY/YEAR) |      |  |  |  |  |  |  |
|---|------|--|--|--|--|--|--|
| DTaP, DTP, DT, Tdap or Td                             | Type |  |  |  |  |  |  |
|   | Date |  |  |  |  |  |  |
| Polio (IPV or OPV)                                    | Type |  |  |  |  |  |  |
|   | Date |  |  |  |  |  |  |
| Hib ( <i>Haemophilus influenzae</i> type b)           | Type |  |  |  |  |  |  |
|   | Date |  |  |  |  |  |  |
| Pneumococcal Conjugate                                | Type |  |  |  |  |  |  |
|   | Date |  |  |  |  |  |  |
| Hepatitis B   | Type |  |  |  |  |  |  |
|   | Date |  |  |  |  |  |  |
| Hepatitis A   | Type |  |  |  |  |  |  |
|   | Date |  |  |  |  |  |  |
| MMR   | Type |  |  |  |  |  |  |
|   | Date |  |  |  |  |  |  |
| HPV   | Type |  |  |  |  |  |  |
|   | Date |  |  |  |  |  |  |
| Other   | Type |  |  |  |  |  |  |
|   | Date |  |  |  |  |  |  |

Physician, APRN, PA or Clinic \_\_\_\_\_



## ALPHABETLAND PRESCHOOL LLC

The registration deadline for all branches of Alphetland Preschool LLCs will be Friday, **January 26th, 2024**. All registration with the \$100.00 registration fee must be in by January 26th to be considered for acceptance. We are no longer on a “first come, first served” basis. You may either mail your application to our Waipahu office at 94-069 Waipahu Street, Waipahu, Hawaii 96797 or drop it off at any of our branches. Walk in registration must be in by 5:00 PM on January 26th, 2024. Check or money order should be made payable to Alphetland Preschool LLC. Cash will not be accepted.

Applications received by 5:00 PM Friday, January 26th, 2024, will be accepted using the following priority list.

Priority List:

- 1) Transfer Students – Students who are currently attending Alphetland, but would like to transfer to another branch for the new school year.
- 2) Siblings who currently attend or attended in the past.

| Names | Date(s) attended | Branch |
|-------|------------------|--------|
|       |                  |        |
|       |                  |        |

- 3) Alphetland Preschool LLC (Newtown location only)  
Children must reside in Newtown to get priority. Parents of Newtown applicants must be members of the Newtown Estates Community Association.

Name of Parent \_\_\_\_\_

Address \_\_\_\_\_

- 4) Alumni – Parent(s) who attended Alphetland

Name \_\_\_\_\_

Date(s) attended  
Alphetland \_\_\_\_\_ Branch \_\_\_\_\_

After the priority applicants are accepted, a lottery will be held for the remaining available spaces. We will then inform you by mail if you have been accepted or not. Every effort will be made to process your application in a timely manner. **If we are unable to enroll your child, your registration fee will be refunded.**

Alphetland Preschool LLC reserves the right to exercise sole discretion to resolve any errors or disputes.

Child’s Name \_\_\_\_\_ Waipahu \_\_\_ Pearl City \_\_\_ Newtown \_\_\_

**IMPORTANT: Please return this page with your application if applicable.**