



K I D S

LEARNING CENTERS
PEARL CITY • KAIMUKI

Registration Form

1st Student First Name: _____ Last: _____ Boy Girl Date of Birth: _____

School: _____ Grade: _____ Home Phone: _____

2nd Student First Name: _____ Last: _____ Boy Girl Date of Birth: _____

School: _____ Grade: _____ Home Phone: _____

Father First Name: _____ Last: _____ Work Phone: _____ Cell: _____

Mother First Name: _____ Last: _____ Work Phone: _____ Cell: _____

Home Address: _____ City: _____ Zip: _____

Father e-mail: _____ Mother e-mail: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

What specific skills would you most like your child to work on?

Center: Pearl City Kaimuki

Has this student attended Wiz Kids before? Yes No

May we use your child's name and picture in social media? (web page, Facebook etc.) Yes No

How did you first hear about Wiz Kids?

Friend or Family Television Radio Newspaper Magazine

School Teacher School Flyer Internet Other: _____

Office Use:

PROGRAM: **ONE ONLY**

Reading Math Writing
 Pre School Test Prep _____

SCHEDULE:

Monday _____ Tuesday _____
 Wednesday _____ Thursday _____
 Friday _____ Saturday _____

Today's Date: _____ Test Date: _____ First Lesson: _____ By: _____
