



Waolani Judd Nazarene School

Where faith and learning reflect the character of Christ

408 N. Judd Street, Honolulu, HI 96817 · 808-531-5252 · Fax: 1-866-586-WJNS (9567) · office@wjns.org ·

2021-2022

After School Care Program Registration Form

Child's Name: _____

Address: _____

Parent Name: _____

Contact _____

Number: _____

Child's Birthday: _____

Grade: _____

MEDICAL INFORMATION

My Child has the following medical conditions:

Pediatrician's Name: _____

Contact Number: _____

- I will make a full payment in the amount of \$1,300 (elementary) \$650 (middle) by July 23, 2021.
- Please set-up payments through my FACTS account.

Parent Signature: _____ Date: _____