

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 · www.wjns.org

AFTER SCHOOL PROGRAM

Registration Form

Child's Name: _____

Address: _____

Parent Name: _____

Contact Number: _____

Child's Birthday: _____

Grade: _____

MEDICAL INFORMATION

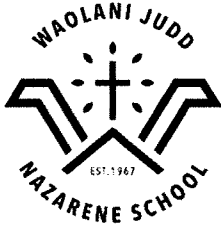
My Child has the following medical conditions:

Pediatrician's Name: _____

Contact Number: _____

- I will make a full payment in the amount of \$1,500 (elementary) \$750 (middle) by July 21, 2023.
- Please set-up payments through my FACTS account.

Parent Signature: _____ Date: _____



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Emergency Contacts & Authorized Pick-Up Form

Student Name: _____

Emergency Contact	Authorized Pick-Up		
<input type="checkbox"/>	<input type="checkbox"/>	Contact Name:	Relationship:
		Cell Phone #:	Home Phone #:
		Address:	
<input type="checkbox"/>	<input type="checkbox"/>	Contact Name:	Relationship:
		Cell Phone #:	Home Phone #:
		Address:	
<input type="checkbox"/>	<input type="checkbox"/>	Contact Name:	Relationship:
		Cell Phone #:	Home Phone #:
		Address:	
<input type="checkbox"/>	<input type="checkbox"/>	Contact Name:	Relationship:
		Cell Phone #:	Home Phone #:
		Address:	
<input type="checkbox"/>	<input type="checkbox"/>	Contact Name:	Relationship:
		Cell Phone #:	Home Phone #:
		Address:	
<input type="checkbox"/>	<input type="checkbox"/>	Contact Name:	Relationship:
		Cell Phone #:	Home Phone #:
		Address:	