



**STAR OF THE SEA EARLY LEARNING CENTER**  
4470 Aliikoa Street Suite 100 Honolulu, Hawaii 96821  
Phone: (808) 734-3840 Fax: (808) 732-1738

### STUDENT HISTORY

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

#### BIRTH/HEALTH AND DEVELOPMENTAL HISTORY:

Birth date \_\_\_\_\_ Place of birth \_\_\_\_\_

Pre-natal history \_\_\_\_\_

Delivery \_\_\_\_\_

Birth weight: \_\_\_\_\_ Appetite: \_\_\_\_\_ Allergies \_\_\_\_\_

Age at which your child began to: Walk \_\_\_\_\_ Talk \_\_\_\_\_

Serious Illness: \_\_\_\_\_

Special Problems: \_\_\_\_\_

(vision, speech, hearing, corrective shoes, restrictions, behavior, etc. )

#### FAMILY HISTORY:

Mother: \_\_\_\_\_ Age: \_\_\_\_\_ Health \_\_\_\_\_

Educational Background \_\_\_\_\_

Father: \_\_\_\_\_ Age: \_\_\_\_\_ Health \_\_\_\_\_

Educational Background: \_\_\_\_\_

Religion: \_\_\_\_\_ Baptized \_\_\_\_\_

Parish \_\_\_\_\_

Siblings: \_\_\_\_\_

Position of child (1<sup>st</sup>, etc.) \_\_\_\_\_

#### PREVIOUS SCHOOL EXPERIENCE:

School attended: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: \_\_\_\_\_

#### CHILD:

Personality: \_\_\_\_\_

Feeding: \_\_\_\_\_

Toileting: \_\_\_\_\_

Sleep Habits: \_\_\_\_\_

Handedness (right/left/or hand dominance not established) \_\_\_\_\_



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### **PARENT INTERVIEW QUESTIONS**

1. What are your views on Catholic education and can you support this philosophy?
2. What are your views on Montessori education and can you support this philosophy?
3. Are you a member of the parish, alumni or have other children attending Star of the Sea Schools?
4. What are your reasons for choosing Star of the Sea Early Learning Center?
5. What are your expectations of Star of the Sea Early Learning Center?
6. What are your views on your role as a parent in the growth, development and education of your child?
7. Can you be supportive and involved in school and/or parish fundraisers?