

Childcare Subsidy / Financial Aid Forms

- 1 **Provider:** Ka Hana Pono Daycare and Preschool
Phone: 808-638-2631 and 808-282-0682
- 2 **Facility Address:** 66-434 Kamehameha Hwy #3, Haleiwa 96712
Mailing Address: Same
- 3 **Tax ID Number:** 26-4698479
Service ID assigned by DHS 016680
- 4 **Social security number:** N/A
- 5 **Do you receive financial...** No
- 6 **Check the box for licensed group childcare center**
- 7 **Date child began is** _____
- 8 **Days and Times Child Attends:** _____
- 9 **Childcare Cost per month** _____

Children Ages 2–5 5 days/week: \$1350/mo 3 days/week: \$925/mo 2 days/week: \$725/mo	Diapering Fee: 5 days/week: \$150/mo 3 days/week: \$100/mo 2 days/week: \$75/mo
--	---

- 10 **Provider scholarship...** N/A
- 11 **Enrollment / Registration fee** is \$200

You Print Sign & Date for your title put “director / lead teacher”

****do not complete section D**