

Lei Aloha O Ka `Ohana



Registration

Full Name: _____
Last *First* *M.I.*

Ethnicity: _____ **Age:** _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: () _____ **E-Mail:** _____

Spouse

Full Name: _____
Last *First* *M.I.*

Ethnicity: _____ **Age:** _____

Marital Status: _____ **# Children:** _____

Child

Full Name: _____
First *Middle* *Age*

Child

Full Name: _____
First *Middle* *Age*

Child

Full Name: _____
First *Middle* *Age*

Child

Full Name: _____
First *Middle* *Age*

Child

Full Name: _____
First *Middle* *Age*

Child

Full Name: _____
First *Middle* *Age*

Child

Full Name: _____
First *Middle* *Age*

Child

Full Name: _____
First *Middle* *Age*



For Office Use Only:
Session Start Date:

Session End Date:

Session Complete: Y / N