



Maui's Native Hawaiian Health Care System

'OHANA REGISTRATION FORM

PARENT/GUARDIAN INFORMATION

Custody:  Joint  Mother  Father  Other: \_\_\_\_\_

Form with fields for Parent/Guardian Name, Email, DOB, and Primary contact # (Cell/Home).

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Present Living Arrangements:  Own  Rent  Live with 'ohana  Other: \_\_\_\_\_

Are you an agricultural worker?  Yes  No

KEIKI INFORMATION

Form for Keiki 1 with fields for Legal Name, DOB, Ethnicity, Primary Language, and Race.

Form for Keiki 2 with fields for Legal Name, DOB, Ethnicity, Primary Language, and Race.

\*For additional keiki, please request the Additional Keiki Form

EMERGENCY CONTACT INFORMATION

Form with fields for Name, Relationship, and Phone.

Who referred you to Hui No Ke Ola Pono?  Self  Family  Friend  Doctor  Agency  Other: \_\_\_\_\_

