

## **BUNNY HILL REGISTRATION FORM**

Child's Name:	Date of Birth:	Date of Birth:					
Gender:		Start Date:					
Address:							
Parent 1/Guardian Full Nam	ne:						
		Cell Phone:					
		E-mail:					
D 10/0 F F HA							
Parent 2/Guardian Full Nam							
Home Phone:		Cell Phone:E-mail:					
WOIK FIIOHE		E-IIIaII					
Desired Schedule (Please	check the class a	and circle the sche	dule/t	ime):			
☐ Vernon Location: Pluto/Nep		M-F	MWF	T/TH	8:00am-6:00pm		
☐ Vernon Location: Saturn/Jup		M-F	MWF	T/TH	8:00am-6:00pm		
☐ Vernon Location: Earth/Ven	months)		MWF	T/TH	8:00am-6:00pm		
☐ 11 <sup>th</sup> Street Location: Cloud/	3 months)	M-F		T/TH n-6:00pm	8:00am-3:30pm		
☐ 11 <sup>th</sup> Street Location: Jungle/Desert Room (Universal Pre-K)			M-F		-	•	
□ Early Drop-Off (7:30am-8:00am)				8:00an	n-6:00pm	9:00am-3:20pm	
☐ Late Pick-up (6:00pm-6:30pm	,						
om our school. Special exceptions can be made upon arrival.  Name Relationship		Phone #1	Phone #1		Phone #2		
Emergency Contact Information: The following emergency contacts may be called in the event of an emergency. They should all be responsibilities.  Name Relationship 1		be local residents w Phone #1	ocal residents who are		hild if you cannot be reached e aware of and agree to these  Phone #2  ———————————————————————————————————		
Office Use Only		□ Degistestica	. <b>.</b>	00	<b>.</b>		
□ Registration Package			☐ Registration \$150.00 non-refundable				
☐ Medical Form (update	☐ Deposit \$50	□ Deposit \$500					
□ Parent Handbook Sign	☐ UPK packa	☐ UPK package (UPK children only)					
Reviewed and Updated Oc	tober 2019	Par	ent In	itial		Date	