

BunnyBears Preschool Santee – Enrollment Application Form

8559 Fanita Drive Santee, CA 92071 Facility #:376105001 (619) 449 - 1187

Child's Information:		
First Name: [Middle Name:	Last Name:
Allergies:		
Address:		
City:	State:	Zip:
Parent 1 Information:		
First Name	Last Name:	
Address:		
City:	State:	Zip:
Main Phone:	Alternate Phone:	
Email Address:		
Parent 2 Information:		
First Name	Last Name:	
Address:		
City:	State:	Zip:
Main Phone:	Alternate Phone:	
Email Address:		
The monthly fees are as follo	ows (Please select the pro	gram for which you are enrolling)
5 Full Days (M-F)	7:00am – 6:00p	pm \$1,495
3 Full Days (M,W,F)	7:00am – 6:00p	pm \$1,075
2 Full Days (T,Th)	7:00am – 6:00p	pm \$915
5 Half Days (M-F)	7:00am – 12:30	0pm \$1,130
3 Half Days (M,W,F)	7:00am – 12:30	0pm \$940
2 Half Days (T,Th)	7:00am – 12:30	
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Please Initial All:		
I understand that the \$150.0	0 registration fee is non-r	efundable
I understand that there is a \$	_	
I understand that there is an	annual tuition increase	•
I understand that no adjustm	ent of tuition or schedule	es is made for sick days, holidays, school
breaks or vacations.		, ,
I understand that all required	d paper work including phy	ysicians report and immunization records
must be submitted prior to t		,
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Parent's Signature:		Date:
Turche 3 Signature.		
Date Received:		
Payment:	www.bunnybears.cor	m