Sunny Hill Preschool Registration for 2025-2026

Child's Name: _____

Parent Name: _____

Address: _____

Phone Number: _____

Email: _____

Child's Birthday: _____ **Age on Sept. 1st:** _____

Session Choice

Please indicate your 1st and 2nd choice for sessions (e.g., "3-day AM," "5-day Full Day").

1st Choice: _____

2nd Choice: _____

Parent Signature: _____ **Date:** _____

For Office Use Only

Date Received: _____

Reg. Fee: _____

May '26: _____