

ROYAL RABBITS PRESCHOOL REGISTRATION FORM

77 Royal Avenue, Durban

d's	Details	
•	Full Name:	
•	Date of Birth:	
•	Gender: □ Male □ Female □ Other	
•	Home Language:	
•	Residential Address:	
nt/	Guardian 1	
	Full Name:	
•	Relationship to Child:	
•	ID Number:	_
•	Phone Number:	_
•	Email Address: Home Address (if different):	
	Tione radiess (il director).	
nt/	Guardian 2 (Optional)	
nt/		
	Full Name:	
•	Full Name:	_
•	Full Name:	_ -
•	Full Name:	_ -
•	Full Name: Relationship to Child: Phone Number: Email Address: I Information Doctor's Name:	_ -
• • •	Full Name: Relationship to Child: Phone Number: Email Address: Information Doctor's Name: Doctor's Contact:	_ -
ica	Full Name:	_ -
ica	Full Name: Relationship to Child: Phone Number: Email Address: Information Doctor's Name: Doctor's Contact:	_ -
ica	Full Name:	_ -
ica	Full Name: Relationship to Child: Phone Number: Email Address: Information Doctor's Name: Doctor's Contact: Medical Aid (if any): Allergies or Medical Conditions:	
ica	Full Name: Relationship to Child: Phone Number: Email Address: Information Doctor's Name: Doctor's Contact: Medical Aid (if any): Allergies or Medical Conditions:	

Enrollment Options (tick one)			
□ Half Day (6:30am – 12:00pm) — R2500/month □ Full Day (6:30am – 5:15pm) — R2700/month • A once-off R1000 enrolment fee is payable upon registration. This includes the annual levy, covering special days and events.			
 Account Name: Royal Rabbits Bank: Regen Bank Branch Code: 00000 Account Number: 075177 Please use your child's full name as payment reference. 			
Page 2: Consent & Declaration			
Permissions			
Please tick and sign where applicable:			
 			
Parent/Guardian Declaration			
I,, the parent/guardian of			
hereby declare that all the above information is true and correct. I agree to abide by the policies and procedures of Royal Rabbits Preschool.			
Signature: Date:			

☐ Thank you for choosing **Royal Rabbits Preschool** where little ones hop into learning with joy and care!