



Enrollment Form – Pasadena

Date _____

CHILD

First Name _____ Last Name _____
Preferred Name/Nickname _____ Date of Birth _____
Age _____ Gender _____

PARENT/GUARDIAN 1

First Name _____ Last Name _____
Email Address _____ Home Phone _____
Work Phone _____ Cell Phone _____
Address _____

PARENT/GUARDIAN 2

First Name _____ Last Name _____
Email Address _____ Home Phone _____
Work Phone _____ Cell Phone _____
Address _____

The Academy accepts applications year round. Admission is based on application date and availability of requested schedule. This is a year-round program; please select your schedule preference below.

- FULL TIME (8:00 a.m. - 5:00 p.m.; Monday - Friday)
- HALF DAY (8:30 a.m. – 12:30 p.m.; Monday - Friday)
- PART TIME (8:00 a.m. – 5:00 p.m.; Monday / Wednesday / Friday)
- PART TIME (8:00 a.m. – 5:00 p.m.; Tuesday / Thursday)

Bright Horizons Center Choices:

1st _____
2nd _____
3rd _____

Requested Start Date (based on availability) _____ Parent/Guardian Signature _____

By signing this enrollment application, the Parent/Guardian above understands and accepts the following policy: *The registration fee is non-refundable and non-transferable. The first month's tuition is due within two business days of the time a spot is offered; it is non-refundable and non-transferable. Please enclose a check or money order made out to **Bright Horizons** for the registration fee of \$150 when submitting this form and send to our school: 700 E. Green Street, Pasadena, CA 91101*

FOR OFFICE USE ONLY | Enrollment Verification

Date Received _____ Received By _____
Check/Money Order # _____ Name on Check/Money Order _____
Received by Mail _____ Courtesy Receipt Call/Email Date: _____
Received in Person _____ Paperwork/Backpack/T-shirt given: Yes No
First Month's Tuition Received Yes No Date _____ Amount _____
Completed Paperwork Received _____