



Little Sprouts Enrollment Form | Venice

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 _____

PARENT/GUARDIAN 2

First Name _____ Last Name _____

Email Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

Name of Adult Attending Class with the Child _____

For Little Sprouts program options, visit brighthorizons.com/academypreschool, call **310-827-7300**, or email theacademyvenice@brighthorizons.com.

Session _____

Day _____

Parent/Guardian Signature _____

By signing this enrollment application, the Parent/Guardian above understands and accepts the following policy:
The class fee is non-refundable and non-transferable.

Please enclose a check or money order made payable to **Bright Horizons** for the Class Fee of **\$350** when submitting this application form. Please send application and fee to: **2201 Lincoln Blvd, Venice, CA 90291**.

FOR OFFICE USE ONLY

Enrollment Verification _____

Received by _____

Date Application Received _____

Check/Money Order Number _____

Name on Check/Money Order _____