

Enrollment Form – *Manhattan Beach*

Date	
CHILD	
First Name	Last Name
Preferred Name/Nickname	Date of Birth
Age	Gender
PARENT/GUARDIAN 1	
Elect Manage	Last Name
	Home Phone
Warls Disasse	Call Disease
Address	
PARENT/GUARDIAN 2	
First Name	Last Name
Email Address	Home Phone
Work Phone	Call Phana
Address	
schedule. This is a year-round program; pleas FULL TIME (8:00 a.m 5:00 p.m.; N HALF DAY (8:30 a.m 12:30 p.m.; PART TIME (8:00 a.m 5:00 p.m.; PART TIME (8:00 a.m 5:00 p.m.; Bright Horizons Center Choices: 1st 2nd	onday - Friday) Monday - Friday) Monday / Wednesday / Friday) Fuesday / Thursday)
3 rd	
Requested Start Date (based on availability	Parent/Guardian Signature
fee is non-refundable and non-transferable. The t it is non-refundable and non-transferable. Please	Guardian above understands and accepts the following policy: The registration irst month's tuition is due within two business days of the time a spot is offered; enclose a check or money order made out to Bright Horizons for the and send to our school: 1114 22nd Street, Manhattan Beach, CA 90266
Date Received	Received By
	on Check/Money Order
	irtesy Receipt Call/Email Date:
· <u></u>	ork/Backpack/T-shirt given: Yes No
First Month's Tuition Received Yes	No Date Amount
Completed Paperwork Received	Amount