



## 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](http://brighthorizons.com/academypreschool), call 310-827-7300, or email [theacademyvenice@brighthorizons.com](mailto: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 \_\_\_\_\_