



## Little Sprouts

# Enrollment Form

## VENICE

Child's First/Last Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Preferred Name/Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: F M

Parent/Guardian First/Last Name: 1) \_\_\_\_\_ Email: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Address: \_\_\_\_\_

Parent/Guardian First/Last Name: 2) \_\_\_\_\_ Email: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Adult attending class with the child: \_\_\_\_\_

Enter your first and second choice for dates/times below  
For **Little Sprouts** program options please  
Visit our website: [www.brighthorizons.com/academy-westwood](http://www.brighthorizons.com/academy-westwood)  
Call us: 310-827-7300  
Email us: [theacademyvenice@brighthorizons.com](mailto:theacademyvenice@brighthorizons.com)

Session #: \_\_\_\_\_

☐ First Choice: \_\_\_\_\_

☐ Second Choice: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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 Enrollment Application received: \_\_\_\_\_

Check or Money Order #: \_\_\_\_\_ Name on Check or Money Order: \_\_\_\_\_