

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 _____
 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 flexibility of requested days. This is a year round program, please check then circle your preference.

HALF DAY (8:30 a.m. - 12:00 p.m.)

Choose Your Desired Number of Days Two Days Three Days Four Days Five Days
 Select Your Days of the Week Monday Tuesday Wednesday Thursday Friday

FULL DAY (7:30 a.m. – 5:30 p.m.)

Choose Your Desired Number of Days Two Days Three Days Four Days Five Days
 Select Your Days of the Week Monday Tuesday Wednesday Thursday Friday

Comments on flexibility of days: _____

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 weeks of the time a spot is offered. Tuition is non-refundable and non-transferable. Please enclose a check or money order made payable to **Bright Horizons** for the registration fee of **\$250** when submitting this form and send to our school: **2201 Lincoln Blvd, Venice, CA 90291**

FOR OFFICE USE ONLY | Enrollment Verification

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

