# Little Sprouts Enrollment Form | Westwood

**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** _____

Enter your first and second choice for dates/times below. For Little Sprouts program options, visit **brighthorizons.com/academypreschool**, call **310-446-5400**, or email **theacademywestwood@brighthorizons.com**.

**Session** _____

**First Choice** _____

**Second Choice** _____

**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: **2028 S. Westwood Blvd, Los Angeles, CA 90025**.

## FOR OFFICE USE ONLY

**Enrollment Verification** _____

**Received by** _____

**Date Application Received** _____

**Check/Money Order Number** _____

**Name on Check/Money Order** _____