

WESTWOOD HILLS PRESCHOOL APPLICATION

1989 Westwood Boulevard
 Los Angeles, California 90025
Telephone: (310) 474-7398



CHILD'S NAME:	DATE OF BIRTH:	SEX OF CHILD: M F
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PARENT 1:	PARENT 2:
ADDRESS:	ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
PARENT 1 HOME PHONE:	PARENT 2 HOME PHONE:
PARENT 1 OCCUPATION:	PARENT 2 OCCUPATION:
PARENT 1 CELL PHONE:	PARENT 2 CELL PHONE:
PARENT 1 EMAIL ADDRESS:	PARENT 2 EMAIL ADDRESS:

I'd like my child to begin school in either July or Sept of _____ (year).

Has your child participated in a group setting before? If so, briefly describe.

Program Options (check additional interests below)

- Preschool Morning (req.) 8:30 – 12:30
- Breakfast Club 7:30 – 8:30
- Preschool Afternoon 12:30 – 3:30
- Extended Day 3:30 – 5:30

Application Fee (initial below)

BOTH the non-refundable application fee of \$150.00 and family photo are required to hold a spot on the waiting list.

_____ I acknowledge the above

CREDIT CARD TYPE (CIRCLE ONE):	VISA	MASTERCARD
CARDHOLDER NAME (AS SHOW ON CARD)		
CARDHOLDER ADDRESS:	CITY	STATE ZIP
CARD NUMBER:	EXPIRATION DATE (MM/YY)	

 Parent's Signature

 Date

I (we) hereby authorize Westwood Hills Preschool to initiate credit card charges to the above-referenced credit card account:

Office Use Only

Registration Fee Paid: \$ _____ Date Paid: _____ Check # _____