

WESTWOOD HILLS PRESCHOOL



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

APPLICATION FORM

Child's Name:	Date of Birth:	Sex of Child: M F
Has your child participated in a group setting before?		
Mother's Name:	Father's Name:	
Address:	Address:	
City/State/Zip:	City/State/Zip:	
Home Phone:	Home Phone:	
Cell Phone:	Cell Phone:	
Email Address:	Email Address:	
Occupation:	Occupation:	

PROGRAM REQUEST

Early Morning 7:30 to 12:30

Full Day

8:45 to 5:30

Morning 8:45 to 12:30

Extended Day

7:30 to 5:30

Short Day 8:45 to 3:30

Afternoon

2:30 to 5:30

Early Full Day 7:30 to 3:30

Toddler Option

7:30 to 5:30

Preferred Start Date: _____

Kindergarten Start Date: _____

An application fee of \$75.00 is required to hold a spot on the waiting list. This is a non-refundable fee.

 Parent's signature

 Date

Office Use Only

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