Academy Pre-School
808 West Street Stoughton, MA 02072
Phone: (781) 344-4433 Email: academyps@campwestwoods.com

A/A_____
D/O/A_____

Registration Form

Name of Child _____
Last First Middle Nickname

Age as of September _____ Birth Date _____ Sex_____

Street Address _____ Town _____ Zip_____

Home Phone _____

Father's/Guardian's Name _____Occupation_____

Phone _____ E-mail:_____

Mother's/Guardian's Name _____Occupation_____

Phone _____ E-mail:_____

Child Resides with _____

Name and ages of siblings _____

Two people to be called and allowed to pick up if parents cannot be reached:

Name _____ Phone _____ Relationship _____

Address _____ Town _____

Name _____ Phone _____ Relationship _____

Address _____ Town _____

I give permission for emergency medical treatment for my child if I cannot be reached.

Parent's/Guardian's Signature _____ Date _____

Enrollment Options (please check the boxes below):

Full Day (7:30 AM to 6:00 PM)	☐Monday	☐Tuesday	☐Wednesday	☐Thursday	☐Friday
School Day Session (9:00 AM to 2:45 PM)	☐Monday	☐Tuesday	☐Wednesday	☐Thursday	☐Friday
Morning Session (9:00 AM to 11:45 AM)	☐Monday	☐Tuesday	☐Wednesday	☐Thursday	☐Friday

I am reserving a place for my child in Academy Pre-School and I agree to abide by all of the rules and regulations set forth in the brochure.

Permission is granted to publish photos of my child (no names mentioned) in brochures and public relations presentations. Initial:_____

Parent's/Guardian's Signature _____ Date _____

In order to reserve a space for September, a non-refundable $50 registration fee and a tuition deposit of $200 must accompany this form. Please make checks payable to: National Academy P&S.