



Y Academy Early Learning Program Waitlist Form

Child's Full Name:	Date of Birth:	
Child's Home Address:	Town/City:	Zip:
Parent/Guardian #1 Name	Date of Birth:	Phone Number:
Relationship to Child:	ionship to Child:Email Address:	
Home Address:	Town/City:	Zip:
Parent/Guardian #2 Name	Date of Birth:	Phone Number:
Relationship to Child:	Email Address:	
Home Address:	Town/City:	Zip:
Infant (6 wks-15 months	Program Options: (Circle On 5 Day Option Only Toddlers (15 months- 2.9 years) Program Options: (Circle On 5 Day Option Only)	
1. Desired Start Date:		
2. Which waitlist would you like to be	e added to? Y Academy Melrose \	Academy Stoneham Both
3. Does your child have any allergies	? YES NO	
4. Do you authorize photos of your child to be taken? YES NO		
* To register your child or add them to * A 2 Week Deposit is required once a * All childcare billing is done through A * Once a start date is confirmed, you	spot is confirmed and start date is de uto Draft, which must be completed a	termined. t the time of registration.
Office Use:		
	s Interest: Classroom Assigne	ed:
	Date:	
Additional Comments:		

Y Academy Melrose | 106 Main Street, Melrose, MA 02176 | 781-665-8522 Y Academy Stoneham | 100A Maple Street, Stoneham, MA 02180 | 781-279-2002 Y Academy Lynn | 40 Neptune Blvd., Lynn, MA 01902 | 781-842-8811 Y Academy Peabody | 259 Lynnfield Street, Peabody, MA 01960 | 978-977-9622 Y Academy Saugus | 298 Main Street, Saugus, MA 01906 | 781-233-9622