



## Web-Cam Enrollment Form

A·C·A·D·E·M·Y™ Parent Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student First and Last Name: \_\_\_\_\_

Classroom: \_\_\_\_\_ Campus: \_\_\_\_\_ Program:  Infant  Toddler/Preschool

I would like to start the web-cam service effective \_\_\_\_\_

I would like to discontinue the web-cam service effective next month.

You will be able to access your web-cam service 48 hours after your paperwork is submitted.  
You will receive your username and password at that time.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Director Initials: \_\_\_\_\_ Notes: \_\_\_\_\_



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