

THE CHILDREN'S ACADEMIC LEARNING CENTER REGISTRATION FORM



Child's Name	Sex Birth date
Address	Cell #
	Cell # Zip Code
Name of parents or guardians:	Email Address
(MOTHER)	Occupation
(FATHER)	Occupation
Special Disability, if any	
Any Special Medical or Dietary info emergency situation - allergies, med	ormation necessary for management in an lication, special conditions.
In Emergency, Notify: Name:	Phone#
Preferred days of attendance: Che First served basis. MARK FIRST	ck session desired. Space reserved on First come AND SECOND PREFERENCES.
PRESCHOOL PROGRAM	1: Tuesday and Thursday Half Day
	-4 YEAR OLD THURS. 9:00 - 12:00 P.M
	THURS. 12:30 - 3:30 P.M.
	3:30 – 3:30 P.M or 9:00 – 3:30 P.M
Full Day Tuesday and Thursday &	5:50 - 5:50 F.M 01 5:00 - 5:50 F.M
PRE-KINDERGARTEN P	ROGRAM: M-W-F HALF DAY
	-5 YEAR OLD
A.M. SESSION - MONV	/EDFRI 9:00 - 12:00 P.M.
P.M. SESSION - MONW	EDFRI- 1:00 – 4:00 P.M.
ACCELERATED FULL DA	Y M-W-F PRE-KINDERGARTEN
4-3	S YEAR OLD
MONWEDFRI 8:30 -3:30 P.M.	or 9:00 - 3:30 P.M
5 DAY ENRICHMENT P	RE-KINDERGARTEN PROGRAM
	5 YEAR OLD
MONTUESWEDTHUI	RSFRI 1:00 - 4:00 P.M.
	ICHMENT PRE-KINDERGARTEN
	-5 YEAR OLD
MONTUES,-WEDTHUR	SFRI 8:30 – 4:00 P.M.
	875.00 made payable to The Children's nailed with this application to 344 Main Street,
	421-6540

"A Better Start For a Better Finish"



THE CHILDREN'S ACADEMIC LEARNING CENTER REGISTRATION FORM



Child's Name	Sex Birth date
Address	Cell #
71007 035	Zip Code
Name of parents or guardian	is: Email Address
(MOTHER)	Occupation
(FATHER)	Occupation
Special Disability if any	
Any Special Medical or Dieta	ary information necessary for management in an
emergency situation - allergi	es, medication, special conditions
In Emergency, Notify: Name	e:Phone#
	Cl. Land Space recoved on First come
Preferred days of attendance	e: Check session desired. Space reserved on First come
First served basis. MAKK F	IRST AND SECOND PREFERENCES.
PRESCHOOL PROG	GRAM: Tuesday and Thursday Half Day
	3 -4 YEAR OLD
A.M. SESSION - T	TUES THURS. 9:00 - 12:00 P.M
	TUES THURS. 12:30 - 3:30 P.M.
Full Day Tuesday and Thur	rsday 8:30 – 3:30 P.M or 9:00 – 3:30 P.M
	EN PROCEAM, MANIE HALE DAV
PRE-KINDERGART	EN PROGRAM: M-W-F HALF DAY
	4-5 YEAR OLD
A.M. SESSION - M	ONWEDFRI 9:00 - 12:00 P.M.
P.M. SESSION - M	ONWEDFRI- 1:00 – 4:00 P.M.
A COST ED ATED FILL	L DAY M-W-F PRE-KINDERGARTEN
ACCELERATED FUL	4-5 YEAR OLD
2.001 WED EDI 0.20 2.	
MONWEDFRI. – 8:30 -3:	30 P.M or 9:00 - 3:30 P.M
5 DAV ENDICHMEN	NT PRE-KINDERGARTEN PROGRAM
5 DAT ENRICHMEN	4-5 YEAR OLD
MON THES WED	-THURSFRI 1:00 - 4:00 P.M
MON10EsWED.	1110103.114. 1.00 1.001.1.1.
DAY ACCELERATED	ENRICHMENT PRE-KINDERGARTEN
	4-5 YEAR OLD
MONTUES,-WED.	-THURSFRI 8:30 – 4:00 P.M.
	fee of \$75.00 made payable to The Children's
Leadamie Learning Center is	to be mailed with this application to 344 Main Street,
Stroudsburg, Pa. 18360	to be maned with this application to 5 1 Main Street,
	(570) 421 4540

"A Better Start For a Better Finish"