



**THE CHILDREN'S ACADEMIC LEARNING CENTER  
REGISTRATION FORM**



Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_  
 Address \_\_\_\_\_ Cell # \_\_\_\_\_  
 \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of parents or guardians: \_\_\_\_\_ Email Address \_\_\_\_\_  
 (MOTHER) \_\_\_\_\_ Occupation \_\_\_\_\_  
 (FATHER) \_\_\_\_\_ Occupation \_\_\_\_\_

Special Disability, if any \_\_\_\_\_  
 Any Special Medical or Dietary information necessary for management in an  
 emergency situation - allergies, medication, special conditions. \_\_\_\_\_

In Emergency, Notify: Name: \_\_\_\_\_ Phone# \_\_\_\_\_



Preferred days of attendance: Check session desired. Space reserved on First come  
 First served basis. MARK FIRST AND SECOND PREFERENCES.

**PRESCHOOL PROGRAM: Tuesday and Thursday Half Day**

3-4 YEAR OLD

A.M. SESSION - TUES. - THURS. 9:00 - 12:00 P.M. \_\_\_\_\_

P.M. SESSION - TUES. - THURS. 12:30 - 3:30 P.M. \_\_\_\_\_

Full Day Tuesday and Thursday 8:30 - 3:30 P.M. \_\_\_\_\_ or 9:00 - 3:30 P.M. \_\_\_\_\_

**PRE-KINDERGARTEN PROGRAM: M-W-F HALF DAY**

4-5 YEAR OLD

A.M. SESSION - MON.-WED.-FRI.- 9:00 - 12:00 P.M. \_\_\_\_\_

P.M. SESSION - MON.-WED.-FRI.- 1:00 - 4:00 P.M. \_\_\_\_\_

**ACCELERATED FULL DAY M-W-F PRE-KINDERGARTEN**

4-5 YEAR OLD

MON.-WED.-FRI. - 8:30 - 3:30 P.M. \_\_\_\_\_ or 9:00 - 3:30 P.M. \_\_\_\_\_

**5 DAY ENRICHMENT PRE-KINDERGARTEN PROGRAM**

4-5 YEAR OLD

MON.-TUES.-WED.-THURS.-FRI.- 1:00 - 4:00 P.M. \_\_\_\_\_

**5 DAY ACCELERATED ENRICHMENT PRE-KINDERGARTEN**

4-5 YEAR OLD

MON.-TUES.-WED.-THURS.-FRI. - 8:30 - 4:00 P.M. \_\_\_\_\_

A nonrefundable registration fee of \$75.00 made payable to The Children's  
 Academic Learning Center is to be mailed with this application to 344 Main Street,  
 Stroudsburg, Pa. 18360

(570) 421-6540

*"A Better Start For a Better Finish"*





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 \_\_\_\_\_ Zip Code \_\_\_\_\_

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