



THE CHILDREN'S ACADEMIC LEARNING CENTER REGISTRATION FORM

Child's Name _____ Sex _____ Birth date _____

Address _____ City _____

Zip Code _____ Cell # _____ Email Address _____

Name of parents or guardians:

(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 SESSIONS **3-4 YEAR OLD**

Half Day Tuesday and Thursday: 9:00 - 12:00 P.M. _____

Full Day Tuesday and Thursday Enrichment: 8:30 - 3:30 P.M. _____

Full Day Tuesday and Thursday Enrichment: 9:00 - 3:30 P.M. _____

ACCELERATED FULL DAY M-W-F PRE-KINDERGARTEN **4-5 YEAR OLD**

MON.-WED.-FRI. - 8:30 - 4:00 P.M. _____ or 9:00 - 3:30 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"