



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. _____

Full Day Tuesday and Thursday: 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 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"