



# 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

3 -4 YEAR OLD

A.M. SESSION - TUES. - THURS. 8:30 - 11:30 A.M. \_\_\_\_\_

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

4 -5 YEAR OLD

A.M. SESSION - MON.-WED.-FRI.- 8:30 - 11:30 A.M. \_\_\_\_\_

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

P.M. SESSION - MON.-WED.-FRI.- 12:30 - 3:30 P.M. \_\_\_\_\_

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

FIVE FULL DAYS

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

**A nonrefundable registration fee of \$50.00** 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"*