

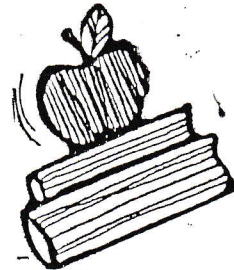
# THE CHILDREN'S ACADEMIC LEARNING CENTER REGISTRATION FORM



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

Name of parents or guardians: \_\_\_\_\_ Cell # \_\_\_\_\_  
 (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 Cell # 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. \_\_\_\_\_

## 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. \_\_\_\_\_

## ENRICHMENT PRE-KINDERGARTEN PROGRAM

### 4-5 YEAR OLD

#### FIVE DAY A WEEK PROGRAM

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

## ACCELERATED ENRICHMENT PRE-KINDERGARTEN

### 4 - 5 YEAR OLD

#### THREE FULL DAYS, TWO HALF DAYS

MON.-WED.-FRI. (8:30 to 4:00p.m.) TUES. - THURS. (1:00 p.m. to 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"***