



2024 – 2025 Registration

ACLD will be offering an afterschool intervention program that will begin **Monday, September 16th, 2024**. Sessions typically last **one hour** and one to three sessions per week can be scheduled between the hours of **3:00 pm to 6:00 pm, Monday through Thursday**.

The sessions are designed to improve skills in reading, math, written expression, visual perception, gross and fine motor development and auditory perception. While each child's program is carefully designed to meet his/her individual needs, there are often two children assigned per teacher.

Prompt registration will be necessary to insure the availability of a time slot that is best suited for the child. New parents are encouraged to make an appointment for an orientation and tour of the facility. At no additional charge, diagnostic assessments will be administered in order to identify the specific skills that need to be strengthened. These assessments will be repeated twice during the year to measure progress. A parent conference can be scheduled with the staff at the end of the program to review the child's progress. However, parents may contact the director at any time with questions or concerns.

If a more in depth psycho-educational evaluation is desired, parents can call to schedule this appointment with the director. The fee for that evaluation is \$450.00. This evaluation is not required to enroll in the intervention program.

The ACLD Learning Center is a non-profit organization that strives to offer manageable fees. The cost is **\$38.00 per session** and payments may be made by cash, check, or credit card, preferably on the day of each scheduled session. A \$25.00 registration fee is required. Because our staff needs to be compensated for all of the hours they are scheduled, all sessions, including absences need to be paid for, unless an ACLD staff member cancels the appointment. However, we understand that children may need to miss sessions for a variety of valid reasons, so one excused absence will be allowed per child, without charge.

Please complete the attached registration and developmental information forms and return them to ACLD as soon as possible. Be sure to state your preferred day(s) and times so that we can try to meet your scheduling needs. If you have any questions, please call the office at (330) 746-0604.

Sincerely,

Erica E. Brown-Fire

Director, ACLD Learning Center

- the actual cost is \$54.00 per session (grants subsidize the \$16.00 additional cost)

2024-2025 ACLD Calendar

September:

- 09/02/24 Labor Day – ACLD Closed
- 09/16/24 First Day of Program

October:

- 10/11/24 ACLD Closed

November:

- 11/27/24 ACLD Closed
- 11/28/24 Thanksgiving – ACLD Closed
- 11/29/24 ACLD Closed

December:

- 12/18/24 Winter Break Starts – ACLD Closed

January:

- 01/06/25 Program Resumes
- 01/20/25 ML K Day - ACLD Closed

February:

- 02/17/25 Professional Development – ACLD Closed
- 02/17/25 President's Day – ACLD Closed

March:

- 03/14/25 Professional Development – ACLD Closed

April:

- 04/18/25 Spring Break Starts
- 04/28/25 Program Resumes

May:

- 05/22/25 Last Day of Program
- 05/26/25 Memorial Day

Summer Program begins Monday, June 16th, 2025

ACLD LEARNING CENTER • 2024 - 2025 Registration

Students Name: _____ Male: ___ Female: ___ Age: _____

Address: _____ City: _____

State: _____ Zip: _____ School: _____ Grade: ___ Birthdate: _____

Parent(s)/Guardian: _____

Parent(s)/Guardian S.S. # _____ E-Mail: _____

Home Phone: _____ Work Phone: _____

Would you like to receive text message and email alerts for unscheduled closings due to weather or emergency?

Yes: _____ No: _____ Cell Phone #: _____ email; _____

Occupation: _____ Referred by: _____

ACLD Office Hours: 9:00 AM - 6:00 PM Monday - Thursday.

Preferred start time for Program. 1st choice: _____ 2nd choice _____

Days you are available: Monday _____ Tuesday _____ Wednesday _____ Thursday _____

List areas of difficulty you would like to have your child work on:

Please indicate the number of days this student will attend per week: _____

Has this student attended previously (please check) Yes: ___ No: ___ Have you applied for financial aid? Yes: ___ No: ___

Students Ethnicity (select only one) :

<input type="radio"/> Asian/ Pacific Islander	<input type="radio"/> American Indian or Alaskan Native	<input type="radio"/> Native Hawaiian or other Pacific islander	<input type="radio"/> Multiracial
<input type="radio"/> Black/Non-Hispanic	<input type="radio"/> Hispanic	<input type="radio"/> White/Caucasian/Non-Hispanic	

A \$25.00 registration fee is required.

I, _____, have read the attached information and understand that I am fully

Parent / Guardian

responsible for payment of the \$38.00 per hour fee, for all scheduled program sessions. I understand that a 1.5% finance

charge will be applied to balances owed more than 30 days. I give my permission for _____

to attend the ACLD Learning Center.

Signature of Parent(s) or Guardian(s)

Date

Office Use Only: Date Received: _____ Start Date: _____ Days _____ Hours _____

DEVELOPMENTAL INFORMATION FORM

Development History

Was child born prematurely? _____ If so, how much? _____

Was birth completely normal? _____ If not, please explain.

Was language development: normal _____ delayed _____ accelerated _____

Delays in motor skill development? Yes: _____ No: _____

Has child ever had any serious medical concerns? _____ If yes, explain _____

Does child presently wear, or has child ever worn glasses? _____

Has child's hearing ever been checked by a doctor? _____ When?

Does child have allergies? _____ If so, what are the allergies? _____

What medication does the child take regularly? _____

Was child on any medication during previous years? _____ Which type?

Educational Information

Has child ever had an intelligence or other psychological tests? If so, what tests, by whom, where, when and the results/findings? _____

Has child participated in any special education programs? _____ What type? _____

Has child ever repeated a grade? _____ Which grade? _____

Best subjects _____ Worst subjects _____

How does child feel about school? _____

Please describe your child's ability to complete homework independently and how this impacts his/her grades as well as home life

Describe child's report card grades and assessment results _____

Please describe your concerns for your child: _____

Please forward copies of previous evaluations, ETR's and/or IEP's.

ACLD Learning Center 118 E. Wood Street Youngstown, OH

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