



118 E. Wood Street • Youngstown, OH • 44503  
(330) 746-0604 • [www.acllearningcenter.com](http://www.acllearningcenter.com)

## 2026 SUMMER TUTORING PROGRAM

ACL D will be offering a summer intervention program that will begin **Monday, June 22<sup>nd</sup>** and continue through **Thursday, August 6<sup>th</sup>**. Sessions typically last **one hour** and students can register for one to three sessions per week between the hours of **8:00 am to 12:00 pm and 1:00 pm to 4:00 pm, Monday through Thursday**. (Middle and high school students may register for 2 hour sessions.)

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, new children will participate in diagnostic assessments in order to identify the specific skills that need to be strengthened. These assessments will be repeated at the end of the summer session to measure progress. A parent conference can be scheduled with the staff at the end of the summer program to review the child's progress. Please keep in mind that, in order to provide valid post-test results, the child must attend sessions consistently.

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 summer intervention program.

The ACL D 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, monthly, weekly or after each session. A \$25.00 registration fee will be required for children who have not yet attended during the 2025-2026 school year. 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 ACL D staff member cancels the appointment. However, we understand that children may need to miss sessions for a variety of valid reasons, so this summer, one excused absence will be allowed per child, without charge.

Please complete the attached registration and developmental information forms and return them to ACL D as soon as possible. Please be sure to state your preferred day(s) and times so that we can try to meet your scheduling needs.



# ACLD LEARNING CENTER • Summer 2026 Registration

Students Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_.

School: \_\_\_\_\_ Grade: Completed \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

**ACLD Office Hours: 8:00 AM - 4:00 PM Monday - Thursday.**

**Preferred start time for Program. 1<sup>st</sup> choice:** \_\_\_\_\_ **2<sup>nd</sup> 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: \_\_\_

Do you need financial aid? Yes: \_\_\_\_\_ No: \_\_\_\_\_ [Please request financial aid form]

A \$ 25.00 registration fee is required .

I, \_\_\_\_\_, have read the attached information and

**Parent / Guardian**

understand that I am fully responsible for payment of 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** \_\_\_\_\_

