



## 2025 – 2026 Registration

ACLD will be offering an afterschool intervention program that will begin **Monday, September 15<sup>th</sup>, 2025**. 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)

## 2025-2026 ACLD Calendar

### September:

- 09/01/25 Labor Day – ACLD Closed
- 09/15/25 First Day of Program

### October:

- 10/10/25 ACLD Closed

### November:

- 11/26/25 ACLD Closed
- 11/27/25 Thanksgiving – ACLD Closed
- 11/28/25 ACLD Closed

### December:

- 12/22/25 Winter Break Starts – ACLD Closed

### January:

- 01/05/26 Program Resumes
- 01/19/26 ML K Day - ACLD Closed

### February:

- 02/13/26 Professional Development – ACLD Closed
- 02/16/26 President's Day – ACLD Closed

### March:

- 03/13/26 Professional Development – ACLD Closed

### April:

- 04/03/26 Spring Break Starts
- 04/15/26 Program Resumes

### May:

- 05/21/26 Last Day of Program
- 05/25/26 Memorial Day

**Summer Program begins Monday, June 22<sup>nd</sup>, 2026**

**ACLD LEARNING CENTER • 2025- 2026 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 between 3:00pm-6:00pm*

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: \_\_\_\_\_ 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 \$26.00 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: \_\_\_\_\_

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**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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