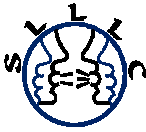


SECOND LANGUAGE, LITERACY & LEARNING CONNECTION, LLC

Attaining Success for Second Language Learners



REGISTRATION FORM

Today's Date: _____

Child's Name: _____ Parent or Guardian Name(s): _____

Address: _____ D.O.B. Child: _____

City: _____ State _____ Zip _____

Phone Number: (____) _____ Cell Phone (____) _____

E-mail Address: _____

Fax #: (____) _____

Emergency Contact Name: _____

Emergency Phone #: (____) _____

Name of child's Pediatrician: _____ Pediatrician Phone #: (____) _____

PROGRAM NAME: _____ **Day** _____

Language spoken at home _____

What is your child's exposure, or opportunity with English? _____ % Spanish? _____ %

What are you hoping your child will gain from his/her experience at SLLLC?

Were there any or are there presently any language delays your child is experiencing of which you are aware? _____ If Yes Please Describe _____

Please feel free to share anything additional with us that we should know about any issue of concern.

If your child participates in a day care program, please let us know what language he or she is being exposed to _____

Photos of my child taken during activities may be used for SLLLCs' brochures and marketing materials. Yes No

Parent / Guardian Signature _____ Printed Name _____ Relationship _____ Date _____

In order to reserve your spot please complete this form and send to:

Second Language Literacy & Learning Connection, LLC
107 Newman Ct.
Pennington, NJ 08534-5198

You may also fax this form to: Fax: (609) 737-7225

How Did You Hear of Us: Web Site Friend/Neighbor Smart Shopper Other