Tri-Town YMCA + C.A.L. Reading Clinic = "Wise Kids"
Class Registration

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School: _____ District: _____

Current Grade: _____ Age: _____ Birth date:___/___/___

Home Telephone: _____ E-mail: _____

Work Telephone: _____

Best days/hours to contact:_____

I am registering for: One-on-One Instruction Small Group Instruction

If registering for One-on-One instruction and there is no availability at the time of registration, would you prefer to:

- Be put on a waiting list
- Start in a small group

Subject Area(s): Reading Math Writing

Does your child currently have an IEP? Yes No

Is your child receiving supplemental services at school? Yes No

Please mail registration and a deposit of $50 to:

C.A.L. Reading Clinic
Eastgate Shopping Center
837 South Westmore Ave., Suite B26-B
Lombard, Illinois 60148

Please make checks payable to: Charmaine Boswell

Questions??? Call 630-880-0750