



# Individual Session Sign-Up

(Please note that we cannot guarantee your preferred time slot, but we will do our best to accommodate.)

Name of child \_\_\_\_\_ (\*be sure to fill out registration page on reverse side)

## CHOOSE FROM THE FOLLOWING

\_\_\_\_\_ Number of days per week you are interested in (Monday-Saturday)

Day(s) of the week you would like to request

Using 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices indicate available time frames

		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____

Service location request:    Worthington \_\_\_\_\_    Canal Winchester \_\_\_\_\_    Sunbury \_\_\_\_\_    Home \_\_\_\_\_  
Newark \_\_\_\_\_

*(Please call us @ (614) 844-5433 or email [thelearningspectrum@gmail.com](mailto:thelearningspectrum@gmail.com) for additional information and options.)*