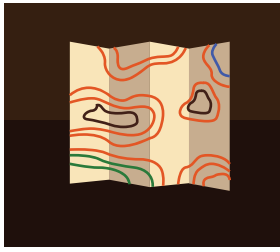


THE LEARNING SPECTRUM ABA SUMMER 2018



FIND YOUR ADVENTURE

TLS ABA SUMMER REGISTRATION

SUMMER ABA DATES VARY BY LOCATION

STUDENT NAME _____ AGE _____ GRADE LEVEL _____
 PARENT/GUARDIAN _____ PHONE _____
 ADDRESS _____
 E-MAIL _____

PLEASE SELECT DESIRED LOCATION:

- CENTRAL - WORTHINGTON
 *MAY 29 - AUG 3
- NORTH EAST - JOHNSTOWN
 *JUNE 11 -AUG 3
- SOUTH - CANAL WINCHESTER
 *JUNE 11 -AUG 3

PLEASE SELECT DESIRED DAY:

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY

PLEASE SELECT DESIRED TIME: AM PM

*SPECIFIC SCHEDULES WILL VARY BY LOCATION

FUNDING SOURCE: _____

FOR QUESTIONS, PLEASE CONTACT THE TLS BEHAVIORAL HEALTH DEPARTMENT AT 614-844-5433
 RETURN ATTACHED REGISTRATION TO TLS BEHAVIORAL HEALTH