



Registration Form 2011

Young Person's Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Age: _____ Present Grade: _____

School: _____

Cell #: _____

E-mail: _____

Parent/Guardian Information:

Parent(s) Name: _____

Home Phone: _____ E-mail: _____

Mother's Cell: _____ Father's Cell: _____

Fee: There is **NO** personal cost to the program due to a generous gift from United Way.



Learning Without Borders is a Program of
The Learning Disabilities Association of Central New York
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