



Session (circle one): Summer A: (Jun-Jul 2019) Summer B:(Jul-Aug 2019) Summer C: (Jun 24-27)

Student Info

Name: _____ Date of Birth: _____
Address: _____
Email: _____ Phone: _____
High School: _____ College: _____
Emergency Contact: (Name/Relationship/Contact Number):

Parent Info

Parent/Guardian: _____ Phone: _____
Email: _____

Parent Feedback: We'd love for you to tell us a little bit about your student. Do you have any specific concerns regarding their transition to college?

Disclaimer

I acknowledge that the E4C is a psychoeducational program that is intended to better educate and equip students who are college bound. It will cover topics such as budgeting (time, money, sleep), stress management, anxiety, depression, substance use, dating, and campus safety and will include assessments regarding each participants strengths and growing areas. I give permission for this student to participate in this program, with the understanding that E4C cannot guarantee any sort of outcome as a result of my their participation.

Parent Signature Date

Payment: Please make checks payable to Lepa Modie in the amount of \$750. Checks and registration form may be mailed to 10720 Carmel Commons Blvd, Suite 330, Charlotte, NC 28226. Please note that all payments are final. In case of extenuating circumstances, a partial refund may be provided on a case-by-case basis.