Session (circle one): **#1: May 2nd-10th** ☐ **#2 May 9th-17th** ☐

Student Info

Name:_____ **Date of Birth:**_____

Address_____ **Student ID:**_____

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 his or her transition to college?**

Disclaimer

I acknowledge that the E4C program will cover topics such as budgeting (time, money, sleep), stress management, anxiety, depression, substance use, dating, and campus safety and will include assessments regarding my child's strengths and growing areas. I give permission for my child to participate in this program. I understand that this program is psycho-educational and is intended to better educate & equip my child. I also understand that E4C cannot guarantee any sort of outcome as a result of my child's participation.

_____ _____

Parent Signature **Date**

Payment: Please make checks payable to Lepa Modie in the amount of $500. Checks and registration form may be mailed to 10720 Carmel Commons Blvd, Suite 330, Charlotte, NC 28226.