



**Session:** June 5th, 12th, 19th, 2020

**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 \$300. Checks and registration form may be mailed to 10720 Carmel Commons Blvd, Suite 330, Charlotte, NC 28226.