



**The Greenville Learning Center
Summer Program Application, 2017
July 10th-August 4th
M-F 9:00-12:00**

Date: _____

Child's name: _____ Age: ____ Present grade: _____

Address: _____

Father: _____ Phones: H _____ W _____ C _____

Mother: _____ Phones: H _____ W _____ C _____

Email: _____

Child's School & Phone: _____

Is your child diagnosed with a Learning Disability or Attention Deficit Disorder?
By Whom? _____ When? _____

To effectively serve your child, we need copies of any testing including a psycho-educational evaluation and/or any other necessary medical, psychological or academic information. If your child takes medication, explain here:

Prescribed By: _____ Phone: _____

Briefly describe your child's needs and your expectations for summer school:

\$75.00 nonrefundable deposit paid with application. The remaining \$825.00 is to be paid by May 1st. Return application and deposit to Greenville Learning Center, PO Box 2612, Greenville, NC 27836-0612. Please call (252) 756-8248 with any questions or for further information.