



**The Greenville Learning Center  
Summer 1:1 Tutoring Program Application**

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ 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 and/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:

\_\_\_\_\_  
\_\_\_\_\_

**Briefly describe your child's needs and your expectations for summer tutoring.**

\_\_\_\_\_  
\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\$100.00 nonrefundable application fee submitted with application.**

All payments are made to GLC in the form of cash, check, or Money Order.

Return the completed application and \$100.00 application fee by **May 1st** to Greenville Learning Center, PO Box 2612, Greenville, NC 27836-0612. Please call (252) 756-8248 with any questions or for further information.