**GREATER LIFE OF FAYETTEVILLE, INC**

 PROGRAMS INFORMATION FORM

**MAILING**: GREATER LIFE OF FAYETTTEVILLE, INC, P.O. BOX 41432, FAYETTEVILLE, NC 28309-1432

**WEBSITE**: [WWW.GREATERLIFEOFFAYETTEVILLE.ORG](http://WWW.GREATERLIFEOFFAYETTEVILLE.ORG) **EMAIL**: GREATERLIFE.FAYETTEVILLE@GMAIL.COM

**CONTACT NUMBER**: (910) 364-9531

**SCHEDULE OF OPERATION**

Please check program student attending:

 SUSPENSION PROGRAM: GRADES 3RD – 8TH - MONDAY – FRIDAY 8:30AM – 4:00PM

CLOSED HOLIDAY AND WEEKENDS

 CUSTOMIZED SCHEDULE: GRADES 3RD – 8TH TUESDAY – THURSDAY 4:00PM – 6:00PM

(after school) CLOSED HOLIDAY AND WEEKENDS

 I AM YOU-NIQUE SUMMER ACADEMY (YOUSA): GRADES 1ST – 8TH MONDAY - THURSDAY

8:30AM – 2:30PM

5 WEEK PROGRAM CLOSED WEEK OF THE OF JULY 4TH

 PARENT WORKSHOPS: THURSDAYS (TBS) 5:30PM – 6:30PM

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s age: \_\_\_\_\_\_\_\_\_\_\_ Child’s Grade: \_\_\_\_\_\_\_\_\_\_ Child’s Gender: \_\_\_\_\_\_\_

Print Parent/Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Contact Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Days: \_\_\_\_\_\_\_\_\_\_\_\_

Guidance Counselor Name and Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_\_\_\_\_\_\_\_

Social Worker Name and Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_\_\_\_\_\_\_\_

Signature Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_