

Bonnie Little in collaboration with



FAMILY INTEREST FORM

(Please understand this form does not guarantee your family a spot. We will be reaching out to you for additional information, official registration form and waiver soon)

Family Name: _____ Primary Contact's First Name: _____

Relationship to child/children: _____ # of Children Attending: _____

Please complete for children who will be attending:

Name, Age, Grade, IEP/504, additional info

Name, Age, Grade, IEP/504, additional info

Name, Age, Grade, IEP/504, additional info

Name, Age, Grade, IEP/504, additional info

Name, Age, Grade, IEP/504, additional info

Name, Age, Grade, IEP/504, additional info

Reason Needing this Program:

- Lack of Technology/Wi-fi
- Work Schedule
- Other: _____

Email: _____

Phone Number: _____

Address: _____

Which above is the best way to contact you? _____

*Program will run from 8:30a – 1p at multiple locations TBD in the Lake Norman area.
Email form to Tina@MakeAnImpactNow.org*