

# Supervised Distance Learning Site

## CWLC-Clearbrook

**Fridays starting January 8, 2021 8:00 AM - 3:00 PM**

**K - 8th grade**

### ENROLLMENT FORM

**Pre-enrollment is required to reserve your spot.**

I would like to enroll my child(ren) in the Supervised Distance Learning Day Program, Fridays, starting January 8th, 8:00 AM-3:00 PM.

I will drop off and pick up my child(ren).

I would like help arranging car pooling with another family, if possible.

My child(ren) will need to ride the CWLC van to and from the Center (within 10 mile radius)

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ (work/home) Phone # \_\_\_\_\_ (Cell)

E-mail address \_\_\_\_\_

**1st Student's Name:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

Grade: \_\_\_\_\_ Allergy/Medical considerations: \_\_\_\_\_

Lunch options (choose one): School lunch \_\_\_\_\_ Packed lunch \_\_\_\_\_

**2nd Student's Name:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

Grade: \_\_\_\_\_ Allergy/Medical considerations: \_\_\_\_\_

Lunch options (choose one): School lunch \_\_\_\_\_ Packed lunch \_\_\_\_\_

**3rd Student's Name:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

Grade: \_\_\_\_\_ Allergy/Medical considerations: \_\_\_\_\_

Lunch options (choose one): School lunch \_\_\_\_\_ Packed lunch \_\_\_\_\_

**My preferred method to discuss my child(ren)'s individual learning plan is:** by phone \_\_\_\_\_ in person \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**There is no cost to the participant due to amazing community support.**

**Please mail form to: CWLC P.O. Box 155, Clearbrook MN 56634**

**OR drop it off at the Clearbrook CWLC office, 256 2nd Ave., SW.**

**Questions? Contact Clear Waters Life Center for more information: 218-776-2789 [cwlc@gvtel.com](mailto:cwlc@gvtel.com)**