

VIRTUAL LEARNING INFORMATION

Please fill out this form to help ensure the Boys & Girls Club of Eden - Lake Shore provides as much assistance as possible in your child's virtual learning experience.

Member Name: _____

Member School: _____

Member Grade: _____

Member Teacher: _____

Member school login information:

Username: _____ password: _____

(This is extremely helpful for our younger members)

Weekly scheduled zoom meetings:

Day: _____ Time: _____

Day: _____ Time: _____

Day: _____ Time: _____

Day: _____ Time: _____

How much school work/homework would you like your child to get done at the Boys & Girls Club of Eden - Lake Shore:

*Please circle any and all that apply

ALL

AS MUCH AS POSSIBLE

READING

MUST ATTEMPT FOR: _____ min/hr OTHER: _____

NOTES: _____

Any information we should know about your child's schooling (needs to work alone, needs an extremely quiet place to work, etc.)

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OTHER PASSWORDS:

APP/WEBSITE: _____

USER NAME: _____ PASSWORD: _____

APP/WEBSITE: _____

USER NAME: _____ PASSWORD: _____

APP/WEBSITE: _____

USER NAME: _____ PASSWORD: _____

APP/WEBSITE: _____

USER NAME: _____ PASSWORD: _____

APP/WEBSITE: _____

USER NAME: _____ PASSWORD: _____

APP/WEBSITE: _____

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OR ATTACH SCHOOL PROVIDED FORM

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