

LAZY ACRES
Learning Camp
+tutoring

eLearning Access

Camper Name *(please print)*

School

Grade

Teacher

LOGIN INFO FOR: _____

username : _____ password: _____

LOGIN INFO FOR: _____

username : _____ password: _____

LOGIN INFO FOR: _____

username : _____ password: _____

I consent to Lazy Acres Learning Camp staff assisting my child access their school work by using the above personal usernames and passwords.

Parent Signature

Date

Please include any areas that might cause your child difficulty below.

Please include your goals and expectations for your child below.