



I _____ agree to Northern Lights College sharing the following information to
(Print Parent/Guardian Name)

Entertainment for Change Inc.
610 W 42nd St Apt 55A
New York, NY 10036

Parent/Guardian Name: _____

Child's Name: _____

Child's Birthdate: _____

Email that your child will use to receive access to the course: _____

Entertainment for Change (EFC) will not sell or share any of the above information with other parties outside EFC.

Both myself and my child have read and agree to the EFC Summer Series Terms and Conditions.

Parent/Guardian Signature: _____

Date: _____