



**LifeWorks Ohio Choose Life! Program 2024-25 Day School Scheduling Form**

Name of School: \_\_\_\_\_ Today's Date \_\_\_\_\_

School Address/phone \_\_\_\_\_

\_\_\_ YES, we are interested in having the Choose Life! Program in our school. Grade levels are listed below.

\_\_\_ NO, our schedule does not permit the Choose Life! Program at this time, but please contact us again.

We welcome questions, and you may also share our contact information with parents: 216-661-6616

**GRADES 6-8: \$180 FEE EACH GRADE A SECOND CLASS OF THE SAME GRADE: REDUCED FEE OF \$100.  
(EACH CLASS WOULD CONSIST OF NO MORE THAN 30 STUDENTS; ADDITIONAL STUDENTS \$3 EACH.)**

**YOUR PARISH'S "ROOTED IN FAITH" GRANT MAY BE USED TO COVER OUR FEES. QUESTIONS: 216-661-6616**

**Request Sessions preferred as 1<sup>st</sup> and 2<sup>nd</sup>**

\_\_\_ Session I September through mid-December \_\_\_ Session II January through mid-March

\_\_\_ Session III mid-March through end of school year

**STUDENTS SEEM TO BENEFIT FROM HAVING SESSIONS AT LEAST TWICE A WEEK, BUT WE WILL HONOR YOUR REQUEST IN THIS REGARD: 5 SESSIONS: Once a week \_\_\_ Twice a week\* \_\_\_ Other \_\_\_\_\_**

**LIST 1<sup>st</sup> & 2<sup>nd</sup> CHOICE FOR DAYS AND TIMES OF CLASSES: Example: Mon/Wed 9-9:45 or Tues/Thurs 10-10:45**

6A (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ # students \_\_\_\_\_ Room # \_\_\_\_\_ Teacher \_\_\_\_\_

6B (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ # students \_\_\_\_\_ Room# \_\_\_\_\_ Teacher \_\_\_\_\_

6C (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ # students \_\_\_\_\_ Room# \_\_\_\_\_ Teacher \_\_\_\_\_

**Do Gr. 6 students attend a reproductive health class? \_\_\_ At what point in the school year? \_\_\_\_\_**

7A (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ # students \_\_\_\_\_ Room # \_\_\_\_\_ Teacher \_\_\_\_\_

7B (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ # students \_\_\_\_\_ Room# \_\_\_\_\_ Teacher \_\_\_\_\_

7C (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ # students \_\_\_\_\_ Room# \_\_\_\_\_ Teacher \_\_\_\_\_

8A (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ # students \_\_\_\_\_ Room # \_\_\_\_\_ Teacher \_\_\_\_\_

8B (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ # students \_\_\_\_\_ Room# \_\_\_\_\_ Teacher \_\_\_\_\_

8C (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ # students \_\_\_\_\_ Room# \_\_\_\_\_ Teacher \_\_\_\_\_

Contact person's name/email/phone \_\_\_\_\_

\_\_\_\_\_ DVD player: Yes \_\_\_ No \_\_\_ Wi-Fi: Yes \_\_\_ No \_\_\_  
Computers: Mac \_\_\_ PC \_\_\_ Smart TV \_\_\_ Power Point (year) \_\_\_\_\_ YouTube\*: Yes \_\_\_ No \_\_\_

**\* IF YOUTUBE IS BLOCKED, PLEASE BE SURE TEACHER KNOWS THE PASSWORD TO UNBLOCK.**

Snow closings are listed on TV/internet at \_\_\_\_\_

Do any students have special needs? \_\_\_\_\_

Miscellaneous Information: \_\_\_\_\_

Please mail to: Vicky Follen LifeWorks Ohio 4429 State Road, Suite 23 Cleveland, OH 44109

Or e-mail to : [Director@LifeWorksOhio.org](mailto:Director@LifeWorksOhio.org) Phone: 216-661-6616 Thank you.