 **Tutoring Registration Form** Date of Intake:

Student’s Name:       Gender:       Date of Birth:

Student’s Address:       City:       State:       ZIP:

Father: (Dr./Mr.)       Mother: (Dr./Ms./Mrs.)

Other: (Dr./Mr./Ms./Mrs.)       Relationship to Student:

1. Phone:       (home/work/mobile) for

2. Phone:       (home/work/mobile) for

Email:       for

Email:       for

School:       Grade:       Grad Year:      ­

Has your child completed any specialized testing?       When?       Where?

Please list the subject(s) that need tutoring support:

How many sessions would you like to schedule per week?
*\*suggested hours:* 1-4 for Homework and Overall Support

 2 for Wilson Reading or Math Support
 1-2 for Standardized Test Prep
 1-2 for Any Specific Subject Support

Which day(s) and time(s) work best? (Please circle and provide a time range):
1st choice: M T W TH F S Time:       M-TH 3pm-8pm

2nd choice: M T W TH F S Time:       F 3pm-6pm

3rd choice: M T W TH F S Time:       S 9am-2pm

When would you like to begin:

How did you hear about the Bowie Center?

Please provide any important details that will help us to best prepare for your sessions (learning disabilities, weaknesses, strengths, goals, etc.):