 **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.):      