Geneva Park District – Private Tutoring

Tutoring Information Form

Participant's Name: _____ Grade: _____

Address: _____ School: _____

Parents Name: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Best Time to Contact (please circle) Morning Afternoon (Please allow 5 business days to be contacted)

Subjects Needed: _____

Please circle which days work best: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

What times work best: Weekdays: Afterschool (3:00-5:00pm) Evenings (5:00-8:00pm)

Weekends: Mornings (9:00-12:00pm) Afternoons (12:00-4:00pm)

**Sessions are set up in blocks of 3 - 1 hour sessions.*

I am a: ___new student ____returning student

Tutor Requests:_____

_____

_____

Office use only:

Received on:_____ Registered for: _____(# of sessions) Routed to Youth Supervisor:_____