

TUTORING REGISTRATION FORM

FAMILY INFORMATION : (please print)

Name: _____ Sex : M ____ or F ____

Address: _____ City/province: _____

Postal Code: _____ Date of birth: _____

Home Phone number: _____

Father's Name: _____ Occupation: _____ Cell.#: _____

E-Mail: _____

Mother's Name: _____ Occupation: _____ Cell.#: _____

E-Mail: _____

Parents are: married _____ separated _____ divorced _____ other _____

If divorced/separated, who has custody? _____

How many siblings? _____ Age: _____

Name of school your child will be attending or is attending: _____

School in English or French: _____

Mother Tongue: _____ 2nd language _____

EMERGENCY CONTACT INFORMATION: (please print)

Emergency Contact: _____ Relationship to child: _____

Contact #: _____ Medicare _____ exp: _____

Pediatrician's Name: _____ Phone: _____

Any allergies or on any medication: _____

PLEASE CHECK ALL BOXES THAT APPLIES TO THE LEVEL OF COMPREHENSION FOR YOUR CHILD

Beginner:

- Does not understand or communicate effectively in 2nd language (limited vocabulary/uses many gestures)
- Difficulty with letter recognition, numbers, colors, shapes etc ... in mother tongue or second language.

Other Comments: _____

Objective: Motivate and develop more confidence and build vocabulary in second language.

Intermediate:

- Understands well and is starting to communicate verbally in 2nd language (good vocabulary/uses gestures)
- Capable of some letter recognition (ex. own name) few numbers, shapes, colors etc. in second language.

Other comments: _____

Objective: Foster and promote the development of a broader second language vocabulary and focus on reading and writing skills.

Advanced:

- Understands and communicates effectively in 2nd language (extensive vocabulary).
- Good recognition of letters, numbers, colours, shapes etc...



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- Comfortable and confident in learning new concepts

Other comments: _____

Objective: To ensure mastery of important phonetic skills and promote retention of knowledge through practice, review and repetition.

Do you have any specific expectations for your child? Please indicate:

How many sessions do you believe your child may need?
