



BRIDGES TO LEARNING
TUTORING CENTER

Enrollment Form | Afterschool Program

Student Name: _____ Grade _____ Age _____

DOB _____ School student attends: _____

Has your child been recommended for retention for the 2023-2024 academic year? **Yes -or- No**

Has your child been retained in previous years? *If so, what grade level?* _____

Parent Name: _____

Address: _____

Phone number: _____ Email: _____

Has the child had any recent evaluations conducted? **Yes -or- No**

Medical Concerns: *Please list* _____

Did/Does your child have frequent ear infections? **Yes -or- No**

Does your child wear glasses? **Yes -or- No** Is your child color blind? **Yes -or- No**

Academic Concerns: *Please check mark all areas of concern*

Listening in class Listening at home Reading skills in class Avoids reading for pleasure

Handwriting Written language Basic math skills Age appropriate social skill

Additional areas of concern: _____

Is your child receiving special education services at school? **Yes -or- No**

Is your child receiving speech and language services at school or at a private practice? **Yes -or- No**

Strengths: Please take a moment and share your child's interests or personal strengths. This can be outside of school, ex Boy Scouts, Horseback Riding, 4H, Plays video games, Likes to cook etc.

Space is limited. Reserve your child's space today!