

Watson & Associates Literacy Center

5500 University Parkway, San Bernardino, CA 92407-2393

Return completed application to: Dr. Greg Richardson at gregory.richardson@csusb.edu

How did you hear about us (check all that apply): website ___ friend ___ school ___ social media ___ flyer ___

1st Child: _____ Date of Birth: _____ Grade: _____ Gender: _____

School / Hours _____ Min Day / Exit Time _____ / _____ Textbook at home _____

Where should the WALC provide help? READING ___ WRITING ___ SPEAKING ___ LISTENING ___ MATH ___

Does the child participate in other programs (sample: 504, GATE, IEP, Other)? _____ If yes, bring a copy of the doc.

Does this child have access to a computer? _____ Parent's email address _____

Are there allergies, health issues, or special concerns? _____ Gender preference of the tutor? _____

1st Preferred day and time for tutoring: Monday ___ Tuesday ___ Wednesday ___ Thursday ___

2:30 – 3:30 PM ___ 3:30 – 4:30 PM ___ 4:30 – 5:30 PM ___

2nd Preferred day and time for tutoring: Monday ___ Tuesday ___ Wednesday ___ Thursday ___

2:30 – 3:30 PM ___ 3:30 – 4:30 PM ___ 4:30 – 5:30 PM ___

2nd Child: _____ Date of Birth: _____ Grade: _____ Gender: _____

School / Hours _____ Min Day / Exit Time _____ / _____ Textbook at home _____

Where should the WALC provide help? READING ___ WRITING ___ SPEAKING ___ LISTENING ___ MATH ___

Does the child participate in other programs (sample: 504, GATE, IEP, Other)? _____ If yes, bring a copy of the doc.

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Parent(s) name: _____ Address _____

Cell Ph & provider _____ 2nd Ph _____ Child's email _____

Primary home language _____ Other languages spoken _____

Regular attendance is important. I commit to bringing my child to every section. If tutoring is online, I will sit with my child(ren).

Parent Signature _____ Date _____

Alternative adult authorized to pick up tutee: 1) _____ Relationship _____

Alternative adult authorized to pick up tutee: 2) _____ Relationship _____