Tutoring Request Form

Child Information

Child Name	Date of Birth	Grade

Area of Difficulty (Provide a brief description of where your child is experiencing difficulty. If you are requesting reading tutoring please include your child's current reading level.)	Special Needs

Parent Information

Parent Name	Occupation	Phone (H) #	Phone (W) #	Phone (C) #	Email

Class Selection

Please indicate your class preferences below:

Semester _____

Class Format:
- ☐ Group
- ☐ Individual
- ☐ Bloom's Recommendation

Preferred Days:
- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Saturday AM

Preferred Time:
- ☐ 4:30 - 6:00 PM
- ☐ 6:30 - 8:00 PM

Unavailable Days/Times:

Instructions

1) Email this completed form to info@bloomlearning.ca.

2) Bloom will contact you in the weeks leading up to the semester to discuss enrolment options and registration details.

For best chances of class availability, please submit your request form at least one month prior to the start of the semester for which you enrol. Classes are filled on a first come, first served basis and current families are given priority registration.

Thank you for your interest in Bloom!