

North Shore Youth Council

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Janene Gentile, Executive Director

2015-2016 Tutoring Request Form

This form is not a guarantee of services, you will be contacted with appointment options.

Date: _____

Child's Full Name: _____ Current Grade: _____

Contact Phone #: _____

Subject(s): _____ Current Average in Subject: _____

Concept(s) Needing Attention: _____

Other Information: Please provide specific information for any **medical or behavioral** conditions in which staff should be aware in order to provide a safe and successful environment (allergies, activity restrictions, asthma, ADHD, etc.) _____

Parent Name: _____

Parent Phone Number: _____ Parent Email: _____

Parent Signature: _____ Date: _____

Funded by Town of Brookhaven Youth Bureau, Suffolk County Youth Bureau and the North Shore Consortium

NSYC is not responsible for loss/damage to personal property and/or injury while on premises or participating in programs.