

Tutoring Application

Wilkes University Pharmacy Students in partnership with the Wilkes-Barre Family YMCA

Services are not guaranteed, and are on a first come, first serve basis

Child's Name: _____ Age: _____ Grade Level: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

PREFERENCE: Circle One: TUESDAY -or- THURSDAY

Circle One: 5pm-6pm -or- 6pm-7pm

Please briefly explain why you are seeking tutoring for your child: _____

Please submit this form to: Jennifer Brennan

Jennifer.Brennan@wbymca.org

-or-

Wilkes-Barre Family YMCA

ATTN: Jennifer Brennan

40 W. Northampton St.

Wilkes-Barre, PA 18701

New clients accepted January-February and August-September