

2011-2012



Reg@SanRamon

SchoolYear Schedule: 1st semester/Fall (9/12/11 – 1/29/12 Excludes: Thanksgiving and Winter Breaks)
2nd semester/Spring (1/30/12 – 6/3/12 Excludes: Spring Breaks)

MathEdge+ : Sharpen Problem Solving Skills and Excel in Math Competitions. (K-12, Sept-Jun)

Levels: JS (K-1), B₁ (Gr.2+), B₂ (Gr.3+), PreInt (Gr.4+), Int₁ (Gr.5+), Int₂ (Gr.6+), Adv (Gr.7+), Comp (Gr.8+)

Writing+ : Polish writing skills. (K-12, Sept-Jun): W₁ (G2-3), W₂ (G4-5), W₃ (G6-7), W₄ (G8-9), W_{SAT} (G10-11)

Student Name: _____ **School:** _____ **Grade:** _____

Mother's Name: _____ **Work phone:** _____ **Cell:** _____

Father's Name: _____ **Work phone:** _____ **Cell:** _____

Email Contact: _____ (required)

Address: _____ **Home Phone:** _____

Please circle the preferred program and time:

Mon	Tue	Wed	Thu	Fri	Sat	Sun
	(4:00-6:PM) W ₃		(4:00-5:30) W ₁			
						(5-6:30pm) B ₁ ,
						(5-6:30) I
						(6:30-8PM) A

JS=JumpStart B=Beg PI=PreInt I=Int A=Adv. C=Comp M6=Math 6 Alg=Algebra Geo=Geometry W=Writing+

One Time Registration (new student only) / Assessment Fee: _____ \$90

JS (1 hr): _____ \$699 for 1 semester

B1/ B2/PI/I2/A/W₁/W₂/W₃/AMC10/12 Prep: _____ \$949 for 1 semester

C_G/C_A/ C_B/ W₄/W_{SAT}: (2hrs) **Fee:** _____ \$1249 for 1 semester

Math-6/PreAlg/Alg/Geo: (2hrs): _____ \$949 for 1 semester

2nd Program Discount: _____ 10% off 2nd lesser amount program after paying 2 semesters of the 1st program.

Total Amount: \$ _____ **Check #** _____ Payable to **MathEdge.**

Please complete, mail/drop off form and check to **MathEdge** at "43385 Ellsworth St, Fremont CA 94539"

How did you hear about us? (pls circle) **flyer / news / referral / others:** _____

_____ **Read or received a copy of MathEdge policy.**

Note: Fee will be prorated if registering after start date. No refunds will be granted but amount can be credited towards future classes used within one year at the same center. For all other conditions, 25% (with min \$20) handling fee will be charged. We reserve the right to change/cancel a class. \$20 fee will be charged for returned check. I give my permission for my child to participate in the MathEdge program. I will not hold MathEdge liable for any accidents, physical or other injury from any and all claims, demands, costs, expenses, and compensation. By signing this form, I agree to these terms freely and voluntarily without inducement for myself and on behalf of my child.

Parent or Guardian Signature _____ **Date:** _____

www.mathedge.org

Fremont Location:

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Fremont CA 94539
Ph: (510) 573-4780

Mathedge.Fremont@gmail.com

San Ramon Location:

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San Ramon, California 94583
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