



2007-2008 MathEdge+ Registration

2/2/08

MathEdge+: Sharpen Problem Solving & Mental Math Skills; and Excel in Math Competitions

Levels: Jump Start (Gr. K-1), Beg (Gr.2+), Pre-Int (Gr.4+), Int (Gr.5+), Adv (Gr.6+)

Meet once a week: JS: 1 hr; B, PI, I, A: 1½ hr

SchoolYear-Round: 1st semester (9/14/07 ó 1/31/08 Excludes: Thanksgiving and Christmas wks)
2nd semester (2/1/08 ó6/5/08 Excludes: Spring Breaks)

MathEdgeTestPrep: Achieve Success in STAR Test (Grade K-8, 1½ hr, Feb – Apr for 12 week)

07-08 MathEdge Program Registration for Fremont Location

Please complete, mail form and check to **MathEdge** at 39812 Mission Blvd., Suite 208 Fremont CA 94539.

Student name: _____ **School:** _____ **Grade:** _____

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

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

Email Contact(s): _____ (must provide at least one)

Address: _____ **Home Phone:** _____

Please circle the preferred program and time:

M	T	W	Th	F	Sat	Sun
	TP(4-5:30PM)	B (4:30 – 6 PM)	JS(5:30-6:30PM)	A (4:00-5:30PM)	B (4:30-6PM)	
JS (5:30-6:30PM)	TP(5:30-7PM)	PI (6:15 – 7:45PM)	I(6:30-8PM)	JS (5:30-6:30PM)		I(5:30-7PM)

JS=JumpStart

B=Beginner

PI = Pre Intermediate

I=Intermediate

A=Advanced

TP=Test Prep

Enter other preferred Day & Time (if the above schedule doesn't work): _____

Payment: Registration/Assessment Fee for new students: ___ \$60

Fee: (B/P/I/A): \$799 for one semester; **(JS):** \$599 for one semester; **(TP):** \$499 for 12 weeks.

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

Note: Fee will be prorated if join after start date. No refunds will be granted but amount can be credited towards future **MathEdge** classes. For all other conditions, 20% handling fee will be charged. We reserve the right to change/cancel a class.

I give my permission for my child to participate in the MathEdge program. I will not hold MathEdge liable of 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:** _____



Creating Sharp Minds For Sharp Solutions

www.mathedge.org

Cupertino Location:

7246 Sharon Drive, Suite P, San Jose, CA. 95129

Ph: (408) 725-2680, **Email:** mathedge@gmail.com

Fremont (Mission) Location:

39812 Mission Blvd, Suite 208, Fremont CA 94539

Ph: (510) 818-0546, **Email:** mathedge.fremont@gmail.com