



MathEdgeCore

6/25/07

Achieve Success in School & Standardized Tests (K-6, Year Round)

Want to ace in school and the standardized test(s)? Achieve lifelong success in solving problems day to day? That's what this guidance program is all about! This program is tailored to meet each individual's learning needs / abilities / skill sets structured in small group sizes. Each student can pace herself / himself under expert guidance. Techniques learnt at **MathEdge** guarantee a measurable difference not just in your student's academic progress but also improve confidence, motivation and concentration levels that will help build a solid foundation for lifelong learning.

Materials: In-class exercises and optional home works

Who: Grades K-6

Group size: 4-6

How Long: one hour per session, choose time slot from registration form below.

How often: Choose once or twice a week program.

Schedule: from www.mathedge.org

07-08 **MathEdgeCore** Program Registration for Fremont Location

Please complete, mail form and check to **MathEdge** at 39812 Mission Blvd., Suite 208, 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:** _____

How often (pls check): Once a week (\$120/mo with min 3 mos) Twice a week (\$180/mo with min 3 mos)

Choose an hour from time slots (For summer: Tue 4:30-5:30pm / Tue 5:30-6:30PM/Thu 5:30-6:30pm/Wed 6-7pm; **For Fall:** Tue 5:30-6:30pm / Tue 6:30-7:30PM/Thu 5:30-6:30PM/Thu 6:30-7:30pm)

Registration and Assessment Fee: _____ \$60

Once a wk, pay: quarterly (\$360 x 4), or semi-annually (*\$690 x 2), or annually(*\$1320)

Twice a wk,pay: quarterly (\$540 x 4), or semi-annually (*\$1035 x 2), or annually(*\$1980)

**Fee reflects one month free if paid annually or 1/2 month free if paid semi-annually.*

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

Note: No refunds will be granted but amount can be credited towards future **MathEdge** classes. 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:

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