

## SAT/ACT Booster Class Application

Please Print

Child \_\_\_\_\_ Male  Female   
First MI. Last

Parent/Guardian I \_\_\_\_\_ child resides with yes  no   
 Parent/Guardian II \_\_\_\_\_ child resides with yes  no

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (*home*) \_\_\_\_\_ Parent/Guardian I (*work*) \_\_\_\_\_ (*cell*) \_\_\_\_\_  
 Parent/Guardian II (*work*) \_\_\_\_\_ (*cell*) \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_

**Registration Fee \$100 per child, non refundable**

Disclaimer: All course offerings are subject to classes being full. Registration fee is applicable to tuition and I understand that all additional amounts (to cover tuition) are payable by May 23, 2008. In the event payment is not received in full when due, a Late Payment Charge in the amount of \$25 shall be assessed. I further understand that a space will not be held for my child if the final payment is not paid when due.

**Session Dates & Cost**

Each class will run for six days over the course of two weeks and costs \$375:

Session 1	June 17-19 & June 24-26	9:00-11:00 am
Session 2	July 8-10 & July 15-17	9:00-11:00 am
Session 3	August 5-7 & August 12-14	9:00-11:00 am

**Program Selections**

- |   |                                    |                                    |                                    |
|---|------------------------------------|------------------------------------|------------------------------------|
| Math Booster                                      | <input type="checkbox"/> Session 1 | <input type="checkbox"/> Session 2 | <input type="checkbox"/> Session 3 |
| Vocabulary Booster                                | <input type="checkbox"/> Session 1 | <input type="checkbox"/> Session 2 | <input type="checkbox"/> Session 3 |
| Reading Comprehension Booster                     | <input type="checkbox"/> Session 1 | <input type="checkbox"/> Session 2 | <input type="checkbox"/> Session 3 |
| Increased Reading on Standardized Testing Booster | <input type="checkbox"/> Session 1 | <input type="checkbox"/> Session 2 | <input type="checkbox"/> Session 3 |

Total Tuition \_\_\_\_\_  
 Deposit \_\_\_\_\_  
 Balance due (May 23, 2008) \_\_\_\_\_

Visa or MasterCard (circle one)  
 Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on the Card \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Medical Information**

Date of Birth \_\_\_\_\_ Parent cell phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Provider/Group # \_\_\_\_\_

In case of emergency call (someone other than parent/guardian)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

In the event of an emergency or serious illness, I request that McLean contact me. If McLean is unable to reach me, I hereby authorize McLean to make any arrangements necessary.

Parent/Guardian Signature \_\_\_\_\_