



## Summer Registration Form 2018

### **STUDENT INFORMATION**

1) Student Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Date of Birth: \_\_\_\_\_ Student lives with: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ School: \_\_\_\_\_

2) Student Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Date of Birth: \_\_\_\_\_ Student lives with: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ School: \_\_\_\_\_

3) Student Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Date of Birth: \_\_\_\_\_ Student lives with: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ School: \_\_\_\_\_

### **FAMILY INFORMATION**

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT**

Contact Name:\_\_\_\_\_ Relation:\_\_\_\_\_

Contact Number:\_\_\_\_\_ Other:\_\_\_\_\_

**WHERE DID YOU HEAR ABOUT MATHCLIX?**

Referral:\_\_\_\_\_ Walk by:\_\_\_\_\_ Mail/Flyer:\_\_\_\_\_

Google Search\_\_\_\_\_ Facebook:\_\_\_\_\_ Other:\_\_\_\_\_

**ARE THERE ANY CONCERNS OR TOPICS YOU WANT ADDRESSED THIS SUMMER?**

---

---

---

---

**WHICH PLAN WOULD YOU LIKE TO PURCHASE?**

Option 1 (4 weeks):\_\_\_\_\_ (\$295)

Option 2 (8 weeks):\_\_\_\_\_ (\$425)

\*Please submit to our office in person or at [info@mathclix.com](mailto:info@mathclix.com). Payment can be made by check, cash, or card.