SAT/ACT Prep Class Application

Please Print

Name_____ Male □ Female □
First MI. Last

Parent/Guardian I _____ resides with yes □ no □
Parent/Guardian II _____ 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 student, 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 January 5, 2009. 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.

Program

□ Intensive Prep Course ($1,200) Sunday (9:00 am-12:30 pm)

College Counselor Hannah Serota will contact you in December to discuss proper placement.

Total Tuition _____
Deposit _____
Balance due (January 5, 2009) _____

Visa or MasterCard (circle one)
Number_____ Exp. Date_____
Name on the Card _____ Amount to be charged _____
Parent/Guardian Signature _____Date_____

SAT Dates	ACT Dates
Preparation for the March 14 SAT	Preparation for the April 4 ACT
January 11, 18, 25	January 11, 18, 25
February 1, 8, 15, 22	February 1, 8, 15, 22
March 1, 8 and 11 (3:15-6:30)	March 1, 8, and 15

Emergency Medical Information

Date of Birth _____ Parent cell phone_____

Medical Insurance_____ Provider/Group #_____

In case of emergency call (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 call the Physician indicated and follow their instruction. If the physician can not be contacted, McLean will make any arrangements necessary.

Parent/Guardian Signature_____