

Education NW Resources

9222 N Newport Highway, Suite D
Spokane, WA 99218
www.tutoringspokane.com
(509) 323-4950

2016 Summer SAT Prep Registration Form

Date: _____

Parent(s) / Guardian(s): Name(s): _____

Address: _____ City: _____ Zip Code: _____

Phone #: _____ Cell Phone #: _____

Emergency Contact Name: _____ Phone #: _____

E-mail address (for ENWR use only): _____

Student Name (First and Last) _____ Grade: _____

School or Homeschool Group _____

Summer SAT Prep : 1 p.m. – 3 p.m. T, Th August 2 – 25, 2016

The Summer SAT Prep class includes 4 hours a week instruction. Effective strategies in Mathematics, Language, and Writing for the new SAT will be included. Homework will be given at the end of each class. Students are expected to practice the skills learned during each class at home. Additional tutoring is available during the week to work on skill gaps in specific areas.

SAT Prep Class Fee: \$ 525 each student (includes SAT Prep book)

Additional Tutoring: \$ 35/hr – to be billed separately. (Discounted price of \$30 / hour if you pay for additional tutoring at the time of registration). Additional paperwork required. Flexible hours.

Registrations must be received 7 days before the class begins. Registrations received 5 days or less prior to the first class will require an additional \$50. No registrations will be accepted after the first day of class. No refunds for missed days. There will be a cancellation fee of \$10 if notice is given at least one week prior to the start date of class.

Please list any known Allergies / Medical Conditions. Also include any learning issues. (i.e. Any Allergies, Asthma, Diabetes, Epilepsy, Dyslexia, ADD/ADHD, etc.): _____

Total Due: \$525* + Additional Tutoring (optional) \$30 x # hours \$ _____ = \$ _____

* Add \$50 for late registration if registration not received in our office by July 25, 2016.

Credit Card Payment: Name on Credit Card (Please Print): _____

Type of Credit Card (MC, Visa, or Discover only): _____ Exp. Date: ____ / ____

Credit Card #: _____ 3 Digit Security Code (on back): _____

Billing Address: _____ Signature: _____

Please enclose check (*\$25 bank charge will apply for returned checks) or credit card information with your registration form to: **Education NW Resources 9222 N Newport Highway, Suite D Spokane, WA 99218**