



# EDUCATION DEPARTMENT

Winter/Spring 2017 – East Area Family and Manlius YMCA

## SAT PREP CLASSES- MARCH EXAM

### Essay Writing Course

11:30 a.m. – 12:30 p.m.

\_\_\_\_ Sundays, January 22-February 5

Members \$40; Non-Members \$80

17ONG 0451ESSAY03

### Reading, Writing and Language Course

1:00 p.m.- 3:00 p.m.

\_\_\_\_ Sundays, January 22-February 5

Members \$65; Non-Members \$97

17ONG 0451SATREA03

### Math Class

1:00 p.m.- 3:00 p.m.

\_\_\_\_Sundays, February 12, 26 & March 5

Members \$65; Non-Members \$97

17ONG 0451SATMAT03

## SAT CLASS INFORMATION

- Purchase The Official Study Guide by CollegeBoard
- Complete practice test #1 in the book
- Come prepared to class with book, pencil, and calculator(if enrolled in math class)

## SAT PREP CLASSES- MAY EXAM

### Essay Writing Course

11:30 a.m. – 12:30 p.m.

\_\_\_\_ Sundays, March 19-April 2

Members \$40; Non-Members \$80

17ONG 0451ESSAY05

### Reading, Writing and Language Course

1:00 p.m.- 3:00 p.m.

\_\_\_\_ Sundays, March 19-April 2

Members \$65; Non-Members \$97

17ONG 0451SATREA05

### Math Class

1:00 p.m.- 3:00 p.m.

\_\_\_\_Sundays, April 9, 23 & 30

Members \$65; Non-Members \$97

17ONG 0451SATMAT05

## PROGRAM REFUND POLICY

Refunds will be issued if notice is given within three business days prior to the start date of the program. Once the program has started there will be no refunds issued. The YMCA reserves the right to cancel a program that does not have the minimum enrollment. Programs cancelled by the YMCA will be refunded in full by check or as a program credit, based upon member's preference. All refunds must be made through the director of the program.

Participant's Name: \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Prior SAT score(s): \_\_\_\_\_

Special Health Needs, allergies or information about participant: \_\_\_\_\_

### Agreement:

- I hereby certify that my child is in normal health and capable of safe participation in Education Programs. I assume all risk and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parents and emergency contact cannot be reached.
- I support the YMCA program philosophy, which is based on participation, fun, physical fitness and health, skill development, team work, fair play, family involvement, and volunteer leadership.
- I understand the SAT classes are being held at the Manlius YMCA.
- Yes  No I authorize the YMCA to use my child's) photograph for publicity and marketing purposes (i.e. program guide)

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

Date \_\_\_\_\_

Questions: Contact Alicia Roberson, 315-744-4420 or aroberson@syracuseymca.org

