SAT GROUP CLASSES

SAT PREP CLASSES- MARCH EXAM 2020
Registration begins 1/8/2020

Manlius Y

**Reading, Writing and Language Course**
10:00 a.m.- 1:00 p.m.
____ Saturdays, February 15, March 7
Members $65; Non-Members $97

**Math Class**
10:00 a.m.- 1:00 p.m.
____Saturdays, February 8, 29
Members $65; Non-Members $97

North Area Family Y

**Reading, Writing and Language Course**
12:00 p.m.- 3:00 p.m.
____ Sundays, February 9, March 1
Members $65; Non-Members $97

**Math Class**
12:00 p.m.- 3:00 p.m.
____Sundays, February 2, 23
Members $65; Non-Members $97

Northwest Area Family Y

**Reading, Writing and Language Course**
6:00 p.m.- 8:00 p.m.
____ Wednesdays, February 26, March 4, 11
Members $65; Non-Members $97

**Math Class**
6:00 p.m.- 8:00 p.m.
____ Mondays, February 24, March 2, 9
Members $65; Non-Members $97

SAT/ACT Individualized Tutoring-All Branches

**SAT/ACT Individualized Tutoring**
Dates and times determined between tutor and student.
Member: $40/hr  Non Member: $55/hr
# of SAT/ACT Sessions: ______________________
Individual tutoring is offered year round for all
test dates.

**Downtown Y**

**Hal Welsh East Area Family Y**

**Manlius Y**

**North Area Family Y**

**Northwest Area Family Y**

**Southwest Y**

SAT CLASS INFORMATION

- Come prepared to class with book, pencil, and calculator(if enrolled in math class)

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: ___________________________________________ DOB __________
Parent/Guardian (if under 18): ________________________________
Cell 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 respective YMCAs listed above.
☐ ☐ 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, Director of Education at 315-744-4420 or aroberson@ymca-cny.org