**SAT GROUP CLASSES**

**SAT PREP CLASSES- MAY EXAM 2020**
Registration begins 2/3/2020

### Manlius Y

**Reading, Writing and Language Course**
12:00 p.m.- 2:00 p.m.
- Saturdays, March 14, 28, April 18
  - Members $65; Non-Members $97

**Math Class**
12:00 p.m. - 2:00 p.m.
- Saturdays, March 21, April 4, 25
  - Members $65; Non-Members $97

### North Area Family Y

**Reading, Writing and Language Course**
1:00 p.m.- 3:00 p.m.
- Sundays, March 15, 29, April 26
  - Members $65; Non-Members $97

**Math Class**
1:00 p.m. - 3:00 p.m.
- Sundays, March 8, 22, April 19
  - Members $65; Non-Members $97

### SAT/ACT Individualized Tutoring - All Branches

<table>
<thead>
<tr>
<th>Branch</th>
<th>Dates and times determined between tutor and student.</th>
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<tbody>
<tr>
<td>Downtown Y</td>
<td>Member: $40/hr  Non Member: $55/hr</td>
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<tr>
<td>Hal Welsh East Area Family Y</td>
<td># of SAT/ACT Sessions:</td>
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<tr>
<td>Manlius Y</td>
<td>Individual tutoring is offered year round for all test dates.</td>
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<tr>
<td>North Area Family Y</td>
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<tr>
<td>Northwest Area Family Y</td>
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<tr>
<td>Southwest Y</td>
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**SAT CLASS INFORMATION**
- Come to class prepared with CollegeBoard SAT 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.

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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)
  - ___________________________ ___________________________ Date

**Questions:** Contact Alicia Roberson, Director of Education at 315-744-4420 or aroberson@ymca-cny.org