



# Mentor Club

Mathematics and Physics Tutoring  
Elementary thru College Level  
Cupertino and Surrounding Area  
(408) 781-3925

## 2011 Fall Program Registration

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home (Work) Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

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

Emergency Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Please select the course(s) you wish to take. Return this form with a check to our office at "21861 San Fernando, Cupertino, CA 95014" in person or by mail. Please make checks payable to our instructor **Jay Huang**

_____ Math Olympiad/ Pre-Algebra	8/29-11/18 (12 weeks)	Mon	5:30-7:00pm	_____
_____ Algebra I	8/29-11/18 (12 weeks)	Tue	4:00-5:30pm	_____
_____ Algebra II	8/29-11/18 (12 weeks)	Tue	5:30-7:00pm	_____
_____ Algebra II	8/29-11/18 (12 weeks)	Wed	5:30-7:00pm	_____
_____ Geometry	8/29-11/18 (12 weeks)	Mon	7:00-8:30pm	_____
_____ Geometry	8/29-11/18 (12 weeks)	Wed	3:30-5:00pm	_____
_____ Pre-Calculus	8/29-11/18 (12 weeks)	Thu	7:00-8:30pm	_____
_____ Group Tutoring	8/29-11/18 (12 weeks)	Sat	2:00-3:30pm	_____
_____ Group Tutoring	8/29-11/18 (12 weeks)	Sun	2:00-3:30pm	_____
_____ Group Tutoring	8/29-11/18 (12 weeks)	_____	_____	_____
_____ One on One Tutoring	_____	_____	_____	_____
_____ SAT Math Prep	_____	_____	_____	_____

Tuition: \_\_\_\_\_ Adjustment: \_\_\_\_\_ Subtotal: \_\_\_\_\_ Check#: \_\_\_\_\_

1<sup>st</sup> Installment: \_\_\_\_\_ Check#: \_\_\_\_\_ (Group class only)

2<sup>nd</sup> Installment: \_\_\_\_\_ Check#: \_\_\_\_\_ (Group class only)

Notes: The tuition is due at the time of registration. No refunds will be granted once class has started. No make-up or credits will be given for missed classes. We reserved the right to change/cancel a class.

I give permission for my child to participate in the program. I will not hold Mentor Club liable in case of accidents or injuries. In case of emergency, I authorize for my child to receive medical treatment at nearby medical facility at my own expense.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_