



Dr. Sundar Math Center
Summer 2019 Math Programs
Email: drsundarmathcenter@gmail.com

I. Registration/Application Form (One per student per program)

II.

Choose one: **1. Hands- On Algebra** **2. Geometry & Measurement** **3. Taming the Fractions**

Student Name: _____ Sex: ___F ___M

Parent/ Guardian Name: _____

Mailing Address: _____

Home Phone: _____ Emergency or Cell Phone: _____

Email Address (Parent/Guardian): _____

Grade Level in Fall 2019: Circle One: 5th 6th 7th 8th 9th Other: _____

School Name: _____ City: _____

Anything we need to know about the participant (allergies, etc.) _____

II. Consent to Participate in the Summer 2019 Math Programs

➤ (Student's Name) _____ has my consent to participate in the **Summer 2019 Math Programs** offered through Dr. Sundar Math Center Inc. Any videos, photos, and comments of/ from participants while engaged in the program may be used only for the publicity, education, and other training purposes benefiting the program.

➤ I understand that my child must abide by the rules in order to participate in the program.

➤ Parent/ Guardian Signature: _____ Date: _____

As a participant of the **Summer 2019 Math Programs**, I will abide by all the rules.

➤ Student Signature: _____ Date: _____

(Required)