Sundar S.T.E.A.M. Academy
SAT Math Prep Workshop (Morning) - Modesto

Viji K. Sundar, Ph.D.
Executive Director
Email: **drsundarmathcenter@gmail.com**

I. Registration Form (One per student):

Student Name: _____ Sex: ___F ___M

Parent/Guardian Name: _____

Mailing Address: _____

Home Phone: _____ Emergency or Cell Phone: _____

E-mail Address (Student): _____

E-mail Address (Parent/Guardian): _____

Grade Level in Fall 2019: Circle: Freshman Sophomore Junior Senior Other: _____

School Name: _____ City: _____

II. Selection of Workshop Session(s):

- **Saturdays (9:30 AM – 12:00 PM)**: Circle: **Oct. 5** **Oct. 12** **Oct. 19** **Oct. 26**
  Nov. 2 **Nov. 9** **Nov. 16** **Nov. 23**

III. Consent to Participate:

- (Student's Name) _____ has my consent to participate in the **Sundar STEAM Academy's "Fall 2019 – SAT Math Prep Workshop (Morning)"** at **Hobby Lobby** in **Modesto, CA**. Any videos, photos, and comments 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 "**Fall 2019 – SAT Math Prep Workshop**," I will abide by all the rules.

- Student Signature: _____ Date: _____

- Make the Check to "**Sundar STEAM Academy**" or pay with *PayPal* on **sundarsteamacademy.com** for "**$500.00**" (**8** sessions package) OR "**$75.00"** (per session)

- **Hand in-person** or **mail** the completed Registration Form and Check to:

Sundar STEAM Academy
3848 McHenry Ave. #135, Box 225
Modesto, CA 95356