

Winter 2010 Application – Math Clinic

Name of Child _____ Age _____

Grade Level and School District _____

Parent(s) Name _____

Street Address _____

City, State, Zip _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Please circle the Session type: Remediation Enrichment Homework Help

Please circle the content: Basic Math & Facts Pre-Algebra Algebra Geometry

Assessment Dates: Assessments will take place on **Monday January 11**. Please call in advance to register your child for an assessment slot, or indicate your time preference below.

4:30- 5:20 pm

5:30 – 6:20 pm

6:30-7:20 pm

Payment: A \$50.00 non-refundable deposit is required to hold a spot in the clinic. This deposit will be applied to the cost of tuition. We offer three payment plans for your convenience, and tuition can be paid with a check or money order (only) made payable to the SVSU Literacy Center. Please indicate which plan you will be using.

Payment Plan	Payment Dates	Description	Preference
Single Payment	First clinic session (January 18th)	The remainder of the tuition, minus the deposit, will be paid in full in one payment.	
Two Payments	First and third clinic sessions (January 18 th and February 1st)	The remainder of the tuition, minus the deposit, will be paid in two equal payments.	
Multiple Payments	January 18, February 1, February 15, and March 1	The remainder of the tuition, minus the deposit, will be paid in four equal payments.	

Please mail the application and deposit directly to:

Kristin Cornelius
Saginaw Valley State University
REC- EN 117
7400 Bay Road
University Center, MI 48710