

HARLEM MATH INSTITUTE

SUMMER MATH CAMP 2019

STUDENT INFORMATION

Name:	Email:	Date of birth:
T-shirt Size: S M L XL	Gender: M F	Phone:
Street address:		
City:	State:	ZIP Code:
Grade (as of Fall 2019):	Name, if any, of math course for 2019-20:	
How would you rate the student in math?	Very Strong	Strong Average Weak
How would you rate the student across all subjects?	Very Strong	Strong Average Weak
Does the student have any special needs (Academic/Medical)?	Yes No	
If there are special needs, please describe:		

COURSE SELECTION

Which period will the student attend? July 1 – 19* July 22 – Aug 9 Aug 12 – Aug 30 (Please circle)	
* There will be no class on Thurs-Fri, July 4-5. An optional make-up class will be held on Saturday, July 13.	
Which session will the student attend? Morning (8:30 -11:30) Afternoon (12:30 -3:30pm)	
Courses:	<div style="display: flex; justify-content: space-around;"> <div> Math Only (\$900) Math+SSAT/SAT (\$1500) </div> <div> SSAT/SAT Only (\$900) Math+Engineering Xperience (\$1500) </div> </div>
Will more than one sibling be registering? Yes No	
If yes, full names of any siblings attending:	

PARENT / GUARDIAN INFORMATION

Name:		
Relationship to student:	Live in same home? Yes No (Please Circle)	
Street Address (if different from student):		
City:	State:	ZIP Code:
Email:	Work Phone:	Cell Phone:
Add'l Emergency Contact:	Phone:	Email:

PAYMENT INFORMATION

Discounts:	Early Registration (\$50 for 1 course, \$100 for combo)	Sibling Discount (10%) Session I Discount (\$50/100)
Original Cost: \$_____	— Total discount \$_____ = Final Cost \$_____	
Payment Type: Check Credit / Debit Card		
If check, please make checks payable to: Harlem Math, LLC, PO Box 1746, New York, NY 10037		
If paying by credit card, please call us at 347-230-8403, pay in person, or enter card info below.		
Type: Visa M/C Amex Discover	Name:	Card #:
Expiration:	Zip code:	3-digit Security/CCV:
<small>I take full responsibility that all the information in this application is correct to the best of my knowledge. I agree to inform the Chief Instructor of all changes in address or home, work and emergency telephone numbers immediately after these changes occur. I understand that Harlem Math, LLC retains the right to use photographs of participants for advertising purposes unless a specific written request to the contrary accompanies the application forms.</small>		
Parent/Guardian Signature:		Date