

# SUPER SUMMER MATH

## REGISTRATION FORM

Student's Name: \_\_\_\_\_

Current Grade \_\_\_\_ Current Homeroom Teacher \_\_\_\_\_

My child has permission to participate in the Super Summer Math program at Maze library.

X \_\_\_\_\_

Parent/Guardian Signature

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

(Please print email address clearly)

Phone Number: \_\_\_\_\_

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We are in need of 7 jars filled with fun items. Each week there is an estimation jar and the student with the closest estimate wins the jar and the contents. Please check below if you'd be willing to provide an estimation jar.

\_\_\_\_\_ I am willing to donate a full estimation jar to the Super Summer Math Program. Please contact me.

\_\_\_\_\_ Yes, I am willing to volunteer at Maze Library for one or two hours.