



## GREAT GOALS ACT PREP SEMINAR REGISTRATION FORM

Student's Name: \_\_\_\_\_ Student's Phone (optional): \_\_\_\_\_  
Student's email address (neatly) \_\_\_\_\_  
School: \_\_\_\_\_ Grade level: \_\_\_\_\_ Most recent Math Class: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_  
Parent's email address (neatly) \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Emergency Contact & Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Date your student is taking the ACT \_\_\_\_\_ Have you registered with <http://www.act.org?>

**Seminar Tuition: \$300** for the Basic seminar & prep book.

**Tuition Options: PayPal (preferred), check or cash. (Check your choice/s) \_\_\_\_\_** I

am enclosing a \$300 check written to **GREAT GOALS**.

\_\_\_\_\_ I am paying \$300 through PayPal. Note: Choose the **\*\*friends and family\*\*** option to avoid fees.

Use Email: [pennycarda@comcast.net](mailto:pennycarda@comcast.net) Please notify me in advance so I can watch for it.

\_\_\_\_\_ I am enclosing \$250 for an additional 5 hours of private one on one tutoring.

Private sessions scheduled individually before classes start are subject to availability.

**Waiver of liability:** I understand that every safety precaution will be taken while my child is in the care of the instructor. I will not hold Great Goals ACT Prep, Penny Carda, or Andover Christian Church responsible for any injury resulting from a fall or accident while attending the seminars. The student's parents assume all responsibility for transportation to and from the seminar.

**Cancellation Policy:** Please consider your registration a firm commitment. Because many students are affected and multiple seminars are offered, the instructor will probably not be able to reschedule a class. While every effort to accommodate your student will be made, cancellations are non-refundable once the seminar has begun.

**Snow days:** If there are severe weather conditions, travel is not advised and A-H after school activities are cancelled, the class will be held via Google Meet. A link will be emailed to each email address on file.

As the seminar dates near, more detailed information will be sent to you via email.

**Location:** Andover Christian Church 16045 Nightingale St. Andover, MN 55304

**Phone:** (763) 213-5728 **Email:** [greatgoals@comcast.net](mailto:greatgoals@comcast.net)

**Website:** <http://www.greatgoalsact.com>

Please mail this registration form along with your tuition to:

**Great Goals ACT Prep**

**2104 159<sup>th</sup> Lane NW**

**Andover, MN 55304**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**GREAT GOALS ACT PREP SEMINAR**  
**Cell Phone Use Policy**

Students attending my ACT prep seminars are expected to keep cell phones off and put away during instruction. In a classroom setting, phones are a major distraction to students and the instructor. I have observed students rushing through exercises in order to have time to answer a text, scroll social media or play on their phone before the class moves on and I go over answers and explanations. I need to be sensitive to the needs of all students to be able to concentrate on the material presented without unwarranted interference by phone use.

My reputation and the success of my program is the direct result of the success each student achieves on the ACT test. Because I consider this a valuable class and our time prepping is precious, I am asking for the complete cooperation of each student and support of their parents. Please read the following expectations and indicate that you agree to adhere to the policy described by signing the form.

- \*I agree to store my cell phone on silent & out of sight during class.
- \*I understand that my phone may be used during breaks.
- \*I will return my phone to its designated location after breaks.
- \*I understand that if I do not cooperate, my parents will be notified after class.

\*\*\*If there is a family emergency, I ask that the student inform me before class and I will excuse the student to quietly leave class to take care of the matter before returning to class.

**Thank you** for your cooperation in this matter. It is my sincere concern that each student maximizes their class time and ultimately feels that their ACT score is a true reflection of their focused effort and hard work.

Penny Carda

Student signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_