

Math & Chess Registration Form 2018

Toronto Aspirals
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www.aspirals.ca

Please Print Clearly

First Name: _____ Last Name: _____ DOB: dd/mm/yyyy _____

Address: _____ City _____ Postal Code _____

School Attending: _____ Grade _____

Allergies: _____

Special learning, emotional, physical needs: _____

How did you learn about our classes? _____

Contact 1: Mother/Father/ _____

Contact 2: Mother/Father/ _____

Name: _____

Name: _____

Cell: _____

Cell: _____

Home: _____

Home: _____

E-mail: _____

E-mail: _____

CHESS <i>(10-week session: April 3, 2018-June 5, 2018)</i>	MATH <i>(10-week session: April 4, 2018-June 6, 2018)</i>
<input type="checkbox"/> Learn to Play Chess Tuesdays 6:30 - 7:30	<input type="checkbox"/> Grades 1-3 Wednesdays 6:30 - 7:30
<input type="checkbox"/> Intermediate Chess Tuesdays 7:30 - 8:30	<input type="checkbox"/> Grades 4-6 Wednesdays 7:30 - 8:30

Fees: \$175 +HST (1 class/week for 10 weeks)

- Current Aspirals Members: 10%
- Siblings discount: 10%
- There are no make-up classes
- Payment is final. No credits or refunds
- Full payment is due upon registration
- Payment methods: cash, e-transfer or cheque (payable to Toronto Aspirals). No post-dated cheques.
- Applications will not be processed until payment is received

Parent's Name: _____

Signature: _____

Date: _____

PAYMENT INFO

Session Fee _____

HST: _____

Total: _____

Date: _____

Method of payment: _____

Notes: _____
