

Registration Form 2024-2025

			For office use only	
	Name of Student	Date of Birth	Day School / Grade (as per September 2024)	Level in Sept 2024/ Day/ Time
1				
2				
3				

	Name	Email	phone / cell
Mother			C
			H
Father			C
			H
Student's mail address and email			

By signing below, I am indicating that I have read the Toronto Mathematics Academy Policies and Procedures (pages 3,4) and I agree to adhere to these Policies and Procedures outlined. Also, I acknowledge that, in case I withdraw my child from Toronto Mathematics Academy classes, only post-dated cheques for subsequent sessions will be returned - **no partial refunds and also no refunds in case of an absence.** Moreover, I give permission to my child/children to be photographed or videotaped for use in Toronto Mathematics Academy promotional materials and training purposes.

Signature Parent/Guardian _____ **Date** _____
Signature Parent/Guardian _____ **Date** _____

Payment Dates	Annual Registration fee	Aug 10 th , 2024 (7 lessons)	Oct 12 th , 2024 (7 lessons)	Dec 1 st , 2024 (7 lessons)	Feb 8 th , 2025 (7 lessons)	April 12 th , 2025 (7 lessons)
Amount						
Cheque # or etransfer						