

Registration Form 2026-2027

| | | | For office use only | |
|---|-----------------|---------------|--|---------------------------------|
| | Name of Student | Date of Birth | Day School / Grade (as per September 2026) | Level in Sept 2027 Day/ Time |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

| | Name | Email | phone / cell |
|--|------|-------|--------------|
| Mother | | | C |
| | | | H |
| Father | | | C |
| | | | H |
| Student's mailing address | | | |
| | | | |

By signing below, I am indicating that I have read the Toronto Mathematics Academy Policies and Procedures (pages 3,4, 5) 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 no refunds in case of 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 15 th , 2026 (7 lessons) | Oct 17 th , 2026 (7 lessons) | Dec 5 th , 2026 (7 lessons) | Feb 6 th , 2027 (7 lessons) | April 10 th , 2027 (7 lessons) |
|----------------------------------|-------------------------------|--|--|---|---|--|
| Amount | | | | | | |
| Cheque # or Etransfer | | | | | | |