

CHESS CLUB

All ages, grades and skill levels welcome!

Khalsa Montessori School

Dates: Sept 10 – Dec 10, 2018

Day: Monday

Time: 3:30-4:30pm

Scheduled OFF days: 10/8, 11/12

(Chess club does not meet on half days or holidays)

Tuition: \$189

register:

Complete the form below
and return to Khalsa Montessori.

questions?

Call 602-482-4867

Email: kids@chessemporium.com

Visualization
Concentration
Problem-solving
Self-confidence
Accountability
Creativity
Discipline
Insight



3 MONTHS
OF
CLASSES!



For more information on upcoming chess events, visit chessemporium.com. Space is limited. Refund only if class is cancelled. Early registration is advised.

IMPORTANT:

Make checks payable to:

Chess Emporium

Please return all registrations to
Khalsa Montessori School



CHESS EMPORIUM
"Where Chess is Taught"

OVER

Chess Registration Form

Please enroll (student's name): _____ for this semester of Chess Club. Gender: Male / Female

Homeroom: _____ DOB: _____ Grade Level: _____

Parent/Guardian Information	Parent/Guardian/Emergency Contact Information
Name:	Name:
Best Contact Phone:	Best Contact Phone:
Email Address:	Email Address:
Street Address:	Street Address:
City, State, ZIP:	City, State, ZIP:

Student will be picked up at: Gate Khalsa Afterschool Care

How long has your child played chess? _____
 Please list any medical conditions or physical limitations that we should be aware of (asthma, breathing condition, heart conditions, allergies, etc.): _____

Physicians Name: _____ Phone: _____

Health Insurance Provider: _____

Please Note:

Your child will not be allowed to participate without a signed release form and tuition paid during registration. No payment plans available. All registrations need to be completed through the school office. Special arrangements may not be made with the teacher. All students must be currently enrolled in KMES to participate in KMES extra-curricular classes. No refund if student is absent. Refunds will be issued if class is cancelled and not rescheduled. Receipt will be issued upon completion of class.

Please pick your child up promptly at the **elementary campus** at the end of class. The program instructor will send the child to KAC (Khalsa Afterschool Care) for emergency care at an additional cost, per the Late Pick-Up Policy, in the event of a delay.

Payment Method: (Circle one) **Check** **Mastercard** **Visa**

Cardholder Name: _____

Card number: _____ Exp. Date: _____ 3-digit code: _____

Signature: _____ Date: _____