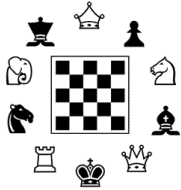


CHESS CLUB

Karen Hurley, HES Teacher



Grades 2-5 5 weeks



Designed for people who know the basics of how to play chess (how the pieces move, what check and checkmate are, etc.) and want to start learning some strategy. We'll work on developing our game by planning, noticing and being aware of both our own and our opponent's moves and the effects they have on the game.

Wednesdays mornings

October 3, 10, 17, 24, 31, 2018

7:40-8:40 a.m.

HES Room 230

5 weeks

Minimum: 6

Maximum: 8

Fee: \$62

Class size is limited. Registration is on a first-come first served basis as received in the Community Education office. Confirmations are done via e-mail.

REFUND POLICY: Class fee is non-refundable. A refund would be issued only if a class does not meet minimum enrollment and is cancelled.

Please know that it is the policy of the Harvard Public Schools not to discriminate on the basis of race, color, sex, gender identity, religion, national origin, age, disability, or sexual orientation in its educational programs, activities or employment policies as required by Title IX of the 1972 Educational Amendments, Chapter 199, and Section 504 of the Rehabilitation Act of 1973. The district compliance coordinator is Marie Harrington, Director of Pupil Services, 978-456-4143.

Harvard Community Education, 39 Massachusetts Ave., Harvard, MA 01451
978-456-4118 jcavanaugh@psharvard.org

SPECTRUM REGISTRATION FORM - CHESS CLUB

COMPLETE THIS FORM OR USE THE ONLINE REGISTRATION FORM
www.psharvard.org Departments, Community Education

Name _____ Grade/Teacher _____

Allergies _____

Address _____

Home Phone _____

e-mail _____

Parent Name _____

Parent Work Phone _____ Cell # _____

Emergency Contact & phone _____

(Other than parent, in case parent cannot be reached)

*Non Residents (does not include School Choice) please add \$10 non-resident fee
Make check payable to: Town of Harvard, 39 Mass. Ave., Harvard, MA 01451
Or pay online at www.psharvard.org Online Payment Center

You may use the online registration process or fill out this form and return it to the Community Education office. We must receive both a registration and payment in order to process a registration. Registration is on a first-come, first-served basis.

NOTE: If using the Unipay/online payment system, you **must** email the payment confirmation number or a copy of the payment confirmation to: jcavanaugh@psharvard.org.

I, the undersigned, attest I am the parent or legal guardian of the above named child who attends the COMMUNITY EDUCATION/SPECTRUM program and agree to allow him/her to participate in the above listed SPECTRUM class. I further agree to indemnify and hold harmless the staff, administrators, and official assistants and to absolve them from any and all liability arising from my child's participation in this activity.

I have read and am fully aware of the policies (ie. late pick up, refunds etc.) of Harvard-Community Education and the SPECTRUM Program.

PARENT/GUARDIAN SIGNATURE

DATE

Harvard Community Education, 39 Massachusetts Ave., Harvard, MA 01451
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