

**2017-18 School Year
Registration Form**



Student Name(s):		DOB:	
Parent Name(s):		Grade in School	
E-mail(s):		School Attending:	
Street Address:		Home Phone(s):	
City, State, Zip		Mobil Phones:	

Group lessons:

Classes:	Date and Time	Enrollment (session or annual)	Tuition:
Group Tuition Subtotal:			
Multiple Lesson discounts if applicable			

Individual and semi-private lessons:

Classes:	Date and Time	Pmt Type (session or annual)	Tuition:
Individual Lessons Subtotal:			

Tuition:				
Discount (if full annual pmt made by 9/30th)				
Total Due:				
Deposit (non-refundable, \$50 per subject, guarantees spot in the class)	<table border="1"> <tr> <td>\$</td> <td>Balance</td> <td></td> </tr> </table>	\$	Balance	
\$	Balance			

- I have read entire policy and understand that there is no refund for missed lessons. Make-up lessons might be available but not guaranteed.
- I give my permission to the Wizards of the Mind, Inc. to use my child's pictures taken at the school during lessons or special events for promotion, i.e. in the ads or on the website. I understand there will not be any personal information released (name, age, address.)
- I will not solicit Wizards of the Mind teachers/instructors for outside arrangements.
- Check for \$ _____ is enclosed.

Parent's signature _____ Date _____

Please mail to Wizards of the Mind, 379 Morris Avenue, Springfield, NJ 07081
973-262-1395, email at info@wizardsofthemind.com
www.wizardsofthemind.com