MIND-BUILDERS IN-CENTER PROGRAMS REGISTRATION APPLICATION

Date _____ Input Date _____ ID# _____

Student's Name_____ Age_____

Address _____ Apt#_____

City_____ State_____ Zip_____

Birth Date _____ M ❑ F ❑

School _____ Borough _____ Grade ____

New Student? Y ❑ N ❑ (if NO) # yrs registered _____

Guardian _____ Day Phone _____

Eve Phone_____ Relationship _____

Mother _____ Cell/Home Phone _____

Father_____ Cell/Home Phone_____

In case of emergency, please notify:

Name _____ Relationship _____

Day Phone _____ Cell/Evening Phone _____

Family Physician _____ Phone _____

Physician's Address _____

_____

(Optional) In order to provide our funders with summary information about the population we serve, please check one category that best describes your racial/ethnic background:

African-American ❑ Caribbean/West Indian ❑ Latino/Hispanic ❑
White ❑ Asian ❑ Other ❑

MUSIC

PIANO ❑ DRUMS ❑ VOICE ❑
SAX ~ FLUTE ~ CLARINET ❑
VIOLIN ❑ GUITAR & BASS ❑
KEYBOARD ❑ STEEL PAN ❑
GROUP VOCALS ❑ SUZUKI VIOLIN ❑

Private Instrumental Instruction
Instrument_____
30 Mins❑ 45 Mins❑ 60 Mins❑
Instructor:_____
Times:_____ to _____ Day:_____

Group Instrumental Instruction
Instrument_____
30 Mins❑ 45 Mins❑ 60 Mins❑
Instructor:_____
Times:_____ to _____ Day:_____

Merit Music Scholarship ❑

DANCE

AFRICAN Pre ❑ I ❑ II ❑ Adult ❑
BALLET Pre ❑ I ❑ II ❑ III ❑
HIP-HOP I ❑ II ❑
MODERN/JAZZ I ❑ II ❑
TAP I ❑ II ❑
PRAISE DANCE Teen ❑ Adult ❑
ADULT YOGA❑
ADULT MAMBO SALSA ❑
PRE-DANCE ❑
DANCE FUNDAMENTALS ❑

Instructor:_____
Times:_____ to _____ Day:_____
Instructor:_____
Times:_____ to _____ Day:_____
Instructor:_____
Times:_____ to _____ Day:_____

Merit Dance Scholarship ❑

POSITIVE YOUTH TROUPE

Audition (Day/Date/Time):
_____
_____
_____

Approved ❑

DR BEVERLY ROBINSON COMMUNITY FOLK CULTURE PROGRAM

Interview (Day/Date/Time):
_____
_____
_____

Approved ❑

STUDENT HEALTH RECORDS (To be filled out by applicant)

IMPORTANT: Please notify Mind-Builders if this student was exposed to any communicable disease during the three weeks preceding attendance (Examples- Mumps, Chicken Pox, German Measles): ***NO*** ❑ *YES* ❑

_____
_____

SIGNIFICANT HEALTH HISTORY CURRENT CONDITIONS

Medication(s) taken: _____
_____

Conditions and/or Allergies which modify activity (Seizures, Amnesia, Heart Conditions, Convulsions, Asthma, Rheumatic Fever):

_____
_____

I hereby authorize Mind-Builders' program staff to obtain necessary emergency medical treatment for my child with the understanding that the Child's family will be notified as soon as possible.

I hereby give permission for the student(s) enrolling in Mind-Builders Creative Arts Center to be photographed, filmed and/or recorded for airing, publishing or archives related to promotional, informational, educational, or historical purposes in association with Mind-Builders Creative Arts Center. Mind-Builders Creative Arts Center and any related media entities are granted these rights as indicated by my signature/initials on this application

I understand that, to insure my space in class, tuition payments are due without regard to student absence, lateness (students can not participate in class if more than ten minutes late), holidays or inclement weather. Makeup classes or credit may be arranged in the event of teacher absence or class cancellation. I also understand that tuition fees are due according to the mutually accepted payment plan. YOUR ACCOUNT MUST BE IN GOOD STANDING AND IN COMPLIANCE WITH THE PAYMENT PLAN before you 1) are admitted to class; 2) may pick up and keep costumes; 3) may participate in recitals. Delinquent accounts are subject to a monthly $10 late payment fee. Students may not attend class until they have been brought up to date and the problem has been resolved to Mind-Builders' satisfaction. I agree to adhere to the payment terms as outlined below:

I understand that I will be billed and liable until I officially change my enrollment status (drop, add or switch classes; take leave of absence) by submitting Mind-Builders' Change of Enrollment form. I further understand that Registration and Recital Production fees, as well as recital admission fees are not refundable. Mind-Builders charges an additional $25 for returned (bounced) checks and I understand that if my check is returned for insufficient funds, I shall henceforth have to pay cash, or by money order or credit card.

PAYER'S INITIALS: _____

How did you hear about Mind-Builders?

(Check off all that apply)

Returning Student ❑ Alumni ❑ Friend ❑ Website ❑ Bus Ad ❑
TV Ad ❑ Newspaper Ad ❑ Radio Ad ❑ Other ❑
Please Specify _____

PAYMENT SCHEDULE: ___ installments @ $_____

Install # ____Due Date____	Install # ____Due Date____
Install # ____Due Date____	Install # ____Due Date____

MIND-BUILDERS CREATIVE ARTS CENTER
3415 Olinville Avenue | Bronx, NY 10467-5612
Phone: (718) 652-6256 Fax: (718) 652-7324
mindbuilders@hotmail.com

PAYER'S INFORMATION

Payer's Name_____

Address_____ Apt# _____

City_____ State_____ Zip_____

Day Phone _____

Eve/Cell Phone_____

Relationship to student_____

FOR OFFICE USE ONLY

CLASSES (Day/Time/Instructor)	COST
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL TUITION	$_____

REGISTRATION FEE*	$_____
RECITAL PRODUCTION FEE*	$_____
SEMESTER TOTAL TUITION	$_____
STARTING BALANCE	$_____
OFF-SET	-$_____
AMOUNT PAID	$_____
BALANCE	$_____

***Non-Refundable**

RECEIPT NO._____
METHOD OF PAYMENT_____
DATE_____

Scholarship Type/Account_____
Work Exchange_____
Approved by_____

Registration completed by_____

_____
YOUR NAME (Signature)

_____
YOUR NAME (Please Print)

Date: _____ Phone: _____

Mind-Builders programs are funded through donations from government agencies, corporate sponsors and the generous contributions of private donors like you.

YES! ❑ I would like to make a donation of $_____ towards Mind-Builders programs.
YES! ❑ My company (_____) has a matching gifts program.
YES! ❑ I would like to volunteer my time through work exchange or on a committee.