



2014-15 Registration Form

MIND- BUILDERS CREATIVE ARTS CENTER

3415 Olinville Ave, BX, NY 10467 • www.mind-builders.org • Telephone 718-652-6256 • Fax 718-652-7324

STUDENT INFORMATION

Student Last Name

Student First Name

Date of Birth (MM/DD/YYYY)

Academic School Attending

Grade (Fall 2014)

☐ New Student

☐ Male

Ethnic origin:

☐ Returning Student

☐ Female

☐ African American ☐ Hispanic ☐ Asian

☐ Caucasian ☐ Caribbean/West Indian ☐ Other

FAMILY INFORMATION

Parent/Guardian Last Name

First Name

Relationship to Student

Street Address

APT#

City

State

Zip Code

Cell phone number

Home number

E-Mail Address (Print Clearly)

Emergency Contact (additional person)

Contact number

Relationship to Student

BILLING INFORMATION

☐ Check if different from above

☐ Check if same as above

Last Name

First Name

Relationship to Student

Billing Address (If different from above)

APT#

City

State

Zip Code

Cell phone number

LIST ALL CLASSES YOU WISH TO REGISTER FOR:

Class	Day	Time

How did you hear about us: ☐ Friend or Family ☐ Website ☐ Live in neighborhood ☐ Advertisement ☐ Mailing ☐ School

Annual Household Income Range (optional, for funder info):

☐ \$39,000 or less

☐ \$40,000 - \$69,000

☐ \$70,000 - \$99,000

☐ \$100,000 +

Employer/Company name: _____

☐ I would like to volunteer (please indicate skill, interest, talent) _____

OFFICE USE ONLY:

Private Music Lessons:

Instrument: _____

Teacher: _____

Day: T W TH F S

Time: _____

Length: ☐ 30min ☐ 45min ☐ 60min

Tuition Cost \$ _____

Registration Fee \$ _____

Recital Production Fee \$ _____

Total \$ _____

Amount Paid \$ _____

Balance \$ _____

Receipt Number _____

Method of payment _____

Registration by _____

Date _____

Dance/Martial Arts/Music Group Classes:

Class	Day	Teacher	Time	Recital	Tuition

Please fill out the section below

High School Graduation Date: _____ College Admission Date: _____

PAYMENT OPTION:

☐ Full Payment

☐ 2 Payments

☐ 3 Payments

☐ 8 Payments

PAYMENT AGREEMENT AND TERMS:

I understand to maintain space in class, tuition payments are due prior to the date of the payment plan I choose, without regard to student absence, lateness, holiday or inclement weather. Recital Production fee(s) are non-refundable after January 1, 2015. **Registration fees are non refundable.** There is no refund for classes missed because of student absence. Mind-Builders do not require a teacher to make up any lessons cancelled by students. There will be a \$25 charge for any check returned by the bank. We accept all major credit cards, checks, and money orders.

NO CASH PAYMENTS ACCEPTED.

Payer's Signature

Date



AGREEMENTS

STUDENT HEALTH RECORDS (To be filled out by applicant) Student Name: _____

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) currently taking: _____

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

Does your child have any learning or behavior conditions (for example, ADHD, speech or hearing impaired, autism spectrum, etc.) that we should know about in order to provide an optimal learning experience? Yes _____ No _____

If yes, please explain _____

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

(Parent/Guardian Signature) _____

PHOTOGRAPH AGREEMENT

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.

_____ (initial)

PAYMENT AGREEMENT

I understand that, to maintain my space in class, tuition payments are due in advance of the first class of each month, or by the date of the tuition payment plan, without regard to student absence, lateness, holidays or inclement weather. Makeup classes or credit will be arranged in the event of teacher absence or class cancellation. **Recital Production fees for dance classes are due within 30 day of starting class. I further understand that Registration and Recital Production fees are not refundable.**

I also understand that MY ACCOUNT MUST BE IN GOOD STANDING AND IN COMPLIANCE WITH THE PAYMENT PLAN in order for the student to: 1) be admitted to class; 2) pick up and keep costumes; 3) participate in recitals. I agree to adhere to the payment terms as outlined above:

_____ (initial)

Mind-Builders charge an additional \$25 for returned checks and I understand that if my check is returned for insufficient funds, I shall henceforth have to pay by money order or credit card.

_____ (initial)

In order to attend the year-end recitals, all parents, guardians, family and friends must purchase tickets. Certain classes may require family/student to purchase additional accessories for the recital.

_____ (initial)

I understand that **if I withdraw my child (or myself) from the class, I will be billed and liable until I officially change my enrollment status (drop, add, or transfer classes; take leave of absence) by submitting Mind-Builders' Change of Enrollment form.**

Payer's Signature _____ Date _____