



2016-17 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 2016)	<div><input type="radio"/> New Student <input type="radio"/> Male <input type="radio"/> Returning Student <input type="radio"/> Female</div> <div>Ethnic origin: <input type="radio"/> African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> Caucasian <input type="radio"/> Caribbean/West Indian <input type="radio"/> Other</div>

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, 2017. **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