



# 2013-14 Registration Form

## MIND- BUILDERS CREATIVE ARTS CENTER

260 E. 207<sup>th</sup> Street, BX, NY 10467 • [www.mind-builders.org](http://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) \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

New Student  Male  Returning Student  Female

Ethnic origin:  
 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/Family  Website  Live in neighborhood  Advertisement  Mailing  School

Employer/Company: \_\_\_\_\_

I may be available to volunteer for \_\_\_\_\_

Annual Household Income Range (for funder info):

\$39,000 or less  \$40,000 - \$69,000  \$70,000 - \$99,000  \$100,000 +

## 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 Classes:**

## OFFICE USE ONLY

Class	Day	Teacher	Time	Recital	Tuition
				\$	\$

### GOALS FOR STUDENT THIS YEAR

Student currently demonstrates these strength	Student needs to develop these area
___ Level of skill in this art form	___ Level of skill in this art form
___ Performance in school/subjects	___ Performance in school/subjects
___ Strong confidence and/or leadership	___ Strong confidence and/or leadership
___ Cooperative behavior	___ Cooperative behavior
___ Self-discipline and responsibility	___ Self-discipline and responsibility
___ Knowledge of culture and heritage	___ Knowledge of culture and heritage
Other strengths of student _____	Other goals for student _____

### PAYMENT OPTION:

Full Payment       
  2 Payments       
  3 Payments       
  8 Monthly payments

### PAYMENT AGREEMENT AND TERMS:

I understand to maintain space in class, tuition payments are due prior to the first class of each month, or by 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, 2014. **Registration fees are non refundable.** There is no refund for classes missed because of student absence. Mind-Builders does 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 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 \_\_\_\_\_