

**2023-24 School Year
Registration Form**



Student Name:		DOB and Grade:	
Parent-1 Name:		Parent-2 Name:	
Email-1:		Email-2:	
Street Address:		Mobile Phone 1:	
City, State, Zip		Mobile Phone 2:	

Group lessons:

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

Tuition:	
Annual Discount	
Total Due:	

- I have read entire policy and understand that there is no refund for missed lessons. Make-up lessons may be available, but is 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. For private classes please email your inquiry to info@wizardsofthemind.com

Payment options:

- Make check payable to Wizards of the Mind, send to Wizards, 379 Morris Avenue, Springfield, NJ 07081
- Pay through your bank's electronic service such as Quickpay (Zelle) - use our email info@wizardsofthemind.com

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