

**Wizards of the Mind  
Learning Center and Chess Club**

**Registration Form  
2010-11 School Year, Session II**

<b>Student Name(s):</b>		<b>DOB:</b>	
<b>Parent Name(s):</b>		<b>Grade in School</b>	
<b>E-mail(s):</b>		<b>School Attending:</b>	
<b>Street Address:</b>		<b>Home Phone(s):</b>	
<b>City, State, Zip</b>		<b>Mobil Phones:</b>	

**Group lessons:**

<b>Classes:</b>	<b>Date and Time</b>	<b>Session II</b>	<b>Tuition:</b>
<b>Group Tuition Subtotal:</b>			
<b>Multiple Lesson discounts if applicable</b>			

**Individual and semi-private lessons:**

<b>Classes:</b>	<b>Date and Time</b>	<b>Session II</b>	<b>Tuition:</b>
<b>Individual Lessons Subtotal:</b>			

<b>Total Tuition:</b>	
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- I have read the policy and understand that there is no refund for missed lessons. Make-up lessons might be available but 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.*
- Check for \$ \_\_\_\_\_ is enclosed.*

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_