

Wizards of the Mind

Kids Achievement Center and Chess Club

2007-2008 Spring Semester Registration Form

March 1, 2008 - June 22, 2008

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

No classes on April 19, 20, May 24, 25, 26.

Please use calculation spreadsheet on our website to estimate the fees.

Classes:	Date and Time	Tuition:

Tuition:	
Materials Fee:	
Total Fee due 3/05/2008:	

- 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.)
- Check for \$ _____ is enclosed.

Parent's signature _____ Date _____

Please mail to Wizards of the Mind, 15 Center Street, Springfield, NJ 07081
973-262-1395, email at info@wizardsofthemind.com