

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:	

Group lessons:

Classes:	Date and Time	Tuition:
Group Tuition Subtotal:		
Multiple Lesson discounts if applicable		

Individual and semi-private lessons:

Classes:	Date and Time	Tuition:
Individual Lessons Subtotal:		

Total Tuition:	
Materials Fee:	
Total Fee due 3/5/2009:	

- 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 _____