2026-27 School Year
Registration Form

Student Name:		**Grade in School:**	
Parent-1 Name:		**Parent-2 Name:**	
Email-1:		**Email-2:**	
Street Address:		**Mobil Phone 1:**	
City, State, Zip		**Mobil 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 might 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:

☐ Check made out and mailed to to Wizards of the Mind

☐ Pay through Zelle using email info@wizardsofthemind.com or scan SQR code

Scan in your banking app to pay:
WIZARDS OF THE MIND
info@wizardsofthemind.com

Zelle®

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