



BrainOBrain ____	LanguageMinds ____	For Office Use only: Location _____
Summer Camp ____	TutorMinds ____	Center # _____ Regd by _____
		Child Enroll. Number: MAA/_____/_____

MindsAhead Academy Registration Form

6 Moyses Place, St 202, Edison, NJ 08820 Ph: 732-791-4848 Fax: 888-727-1329

Date of Registration: ____/____/____

Child's Name*: _____ Date of Birth*: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

Gender* (optional) Male Female Grade Level: _____ Name of School: _____

How did you hear about us & where*? Internet _____ Promotion: _____ News Paper _____ Other _____

Availing REFER-A-FRIEND offer? Yes No Referred by* _____
(Child's name / Email / Phone)

CONTACT INFORMATION – PARENT/GUARDIAN

Parent's/Guardian's First Name*: _____ Last Name _____ Email*: _____

Cell (Parent's/Guardian's) #: _____ Work #: _____ Home #: _____

Parent's/Guardian's II * First Name: _____ Last Name _____ Cell #: _____

EMERGENCY Contact's Name*: _____ Telephone #: _____

TUITION / REGISTRATION / OTHER FEES (To be collected through bank auto draft or credit card as applicable)

Fee	BOB/LM/MB Monthly <input type="checkbox"/>	Summer Camp 5 days / 3 days p wk <input type="checkbox"/>	All Programs With Prepaid <input type="checkbox"/>	Tutor Minds (SAT/Subject) <input type="checkbox"/>	With Contract of min. 6 months + Adv. Security Deposit (5) <input type="checkbox"/>
Registration	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00
Material Fee	FREE	FREE	FREE	Extra for books	FREE
Tuition Fee	\$ 158.00	\$225.00 / \$150.00 p.wk	\$ 140.00 p.m. x 6	\$80/\$50 p. hr	\$ 150.00 per month
Last Month Fee	\$ 158.00** Deposit Reqd.	Check early registration offer*	\$ 140.00** Recommended	Min 10 hrs.	\$ 150.00** With AUTO credit card payment

* At the time of registration ** Advance notice of 45 days is required to use the last month fee *** Any fee can be revised by MindsAhead Academy giving 30 days notice and rates on center notice board will be deemed sufficient notice. # Center launch (new) additional discount of 5% on \$158 is valid up to first two calendar months only for contract customers. 5% additional discounts can be offered by local center for corporate, military, police, township staff, fire department and privileged children. MindsBee early birds \$100/\$75 off per month only for limited seats and period. Check always your local center for any offers or pricing. Price for combo will be \$230 w/adv.payments or \$240 for (5) .

_____() MONTHS CONTRACT (please select pre-paid or monthly payment option min for six months). Please note that if you like to terminate the contract earlier, you may do so by paying penalty of \$50 and all past payments at monthly rates applicable then.

I, _____ hereby confirm to enroll my son/daughter _____ into MindsAhead Academy program

for (a) minimum six months or (b) Summer Camp and I agree to pay for this period in **advance** or on **monthly** basis .

Fees payable to center: Fees shall be calculated at a rate of (\$) _____ per month with total liability of \$ _____ during 6 months.

Payment: Payment shall be made monthly in advance and payment is **binding for minimum six months.**

Accepted methods of payment: Cash Check Credit Card Other (please mention) _____

Parent/Guardian Signature: _____ Date: _____

Preference of days and timing when your child can take classes (example Tue, 6:00 pm-8:00 pm or Mon/Wed/Fr for Summer Camp).

Option I _____ Option II _____

CENTER POLICIES (Please initial at each and every point)

- _____ Tuition fee once paid is **NOT refundable** or transferable under any circumstances (PTO)
- _____ Prepaid tuition fee for six months must be used with in first 12 months. Unused prepayment will be forfeited afterward.
- _____ Center is not responsible for any makeup class if any class is canceled because of natural calamities such as snow.
- _____ Any temporary withdrawal during the contract can be considered only if written notice is given min. **30 days** in advance.
- _____ 3% convenience fee will be charged on payments made through credit cards.
- _____ There is a charge of \$15.00 for any late payment of monthly fee if not paid by 7th of every month.
- _____ Makeup class of one hour will be at \$25.00 per hour. If the child is enrolled in an ongoing batch then child will need additional make up classes to catch up with the ongoing course content. We shall apply monthly fee only when child will join the batch.
- _____ Three or less children in a batch may be subject to less hrs per class. In this situation we may reduce it by 30 min.
- _____ Child should not be sent to center if child is sick.
- _____ In case of breach of contract center shall be entitled to charge the differences of then monthly fee vs. discounted fee.
- _____ In no circumstances you will solicit our teachers or staff for direct tutoring and it may attract penalty of \$1000 or more.

LIABILITY RELEASE for - MindsAhead Academy LLC, its staff, associates and its centers) (Please initial at each and every point)

Medical Release: I authorize MindsAhead Academy, its authorized personnel to take any medical measures necessary. In medical emergencies I will be taken to the nearest hospital and I understand that I am responsible for all costs incurred. MindsAhead Academy, its authorized personnel, employees or associates will be released from all liability.

Future Communication (Please read our privacy policy at our website www.mindsahead.com): I authorize Mindsahead Academy and all authorized business associates and employee to send me regular update, promotion, publication or any related print or email communication to my email and address mentioned in the form.

Photo Release Permission: I hereby give MindsAhead Academy, all authorized business associates and employees, permission to use any photographs/videotape footage of my child or myself as a parent for public relations purposes.

Parent/Guardian Signature: _____

Date: _____

Liability Release Form
(Release of All Claims)

In consideration for being accepted by MindsAhead Academy LLC for participation in Children Program (incl. but not limited to Tutoring/Enrichment Program) or any activity related to program such as mental gymnastics, field trip with prior information to me, I do hereby release, forever discharge, and agree to hold harmless the directors, staff, employees, franchisees, authorized business associates and agents from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above-described program or activity including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify MindsAhead Academy, authorized business associated of MindsAhead Academy, its directors , staff, employees, franchisees and agents for any liability sustained by acts of said participant, including expenses incurred attendant thereto.

Signed this _____ day of _____, 20_____

It is understood that MindsAhead Academy does not provide medical insurance covering injury of any nature incurred at the specified program/activity or transportation to or from said program/activity and MindsAhead Academy suggests that my child be covered by medical insurance while participating at the program or in MindsAhead Academy facilities or in facilities where MindsAhead Academy is conducting programs. The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment heretofore described, the undersigned agrees to hold harmless and indemnify MindsAhead Academy (program or activity), its directors, employees, authorized business associates and agents from any acts of malfeasance, and or failure to act on the part of those chosen to administer medical care on behalf of the participants.

I, the undersigned, hereby confirm to accept the terms of enrollment in the statements above. I hereby release MindsAhead Academy, its successor, assignees, officers, authorized business associates, agent and employees from any and all claims, demands, and causes of action whatsoever in any way growing out of or resulting from my child participating in the program associated with MindsAhead Academy or its any of affiliates or franchisees.

Print Parent/Guardian's Name: _____ Parent/Guardian's Signature: _____

Note: If first aid is needed for your child, a classroom trainer or center staff will administer the treatment. In case of emergency, 911 will be called and all efforts will be made to inform you.