



Brain Fusion's Mentelligent Courses - 2022 Registration Form

Student Name _____ Address _____ City/Zip _____ Home Phone _____ Cell Phone _____ Email Address _____ How did you hear about us? _____	<p style="text-align: center;">Payment Method</p> <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Check/cash <input type="checkbox"/> Discover <input type="checkbox"/> Debit <input type="checkbox"/> American Express Name on Card _____ Card # _____ Exp Date: _____ CVV#: _____ Signature: _____
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Credit Card Agreement

I have read and agree to the 'The Brain Fusion LLC'. Policies. I authorize the 'The Brain Fusion LLC' and Helcim Merchant Services to process monthly debit/credit entries from my account according to the below payment schedule. I understand that this authorization will remain in effect until I provide 14 days notification of it's termination. **I also understand that there are no refunds for missed or canceled lessons.**

I have read and agree to the 'The Brain Fusion LLC'. Policies. Your credit card will be charged on the first of each month. I understand that this authorization will remain in effect until I provide 14 days notification of it's termination.

Check Payments are due on the last lesson of each month for the following month's Classes.

Student Name	Age	M/F	Courses	Day	Time	Teacher	Course Fee	Office Use
							\$	
							\$	
							\$	
							\$	
							\$	
Total amount to be charged to my credit card after the first month							\$	
Amount for first month 1 2 3 lessons							\$	
Annual registration/service fee of \$24							\$	
Total amount for first month including Registration Fee							\$	

Private Session Policies and Procedures

Service Fee- An annual service fee of \$24 will be charged when you enroll and to your account on January 1st of every year you are enrolled at the school.

Please Initial _____

Course Lesson Tuition:

Monthly tuition is charged until you provide the school with 14 day cancellation notice.

Payment of Tuition:

Tuition is paid monthly by either check or automatic credit card payment Tuition will be charged to your credit card on the 1st day of each month.

Withdrawal and Refunds:

If you would like to stop lessons, you must provide the 'The Brain Fusion LLC. with 14 days' notice. Withdrawal must be done in person and will not be accepted over the phone. Withdrawal must be done at the school office and not with the teacher. To withdraw from classes a parent or adult student must:

1. Inform school administration, and
2. Complete and sign a withdraw form provided by the school office.

All credit card charges will stop after the 14 days' notice period. The Brain Fusion LLC reserves the right to terminate lessons to any students without notice. In such a case a refund for unused lessons will be given.

Please Initial _____

Missed lessons and Make-up lessons:

There are no refunds and no credits given for students who miss a lesson.

Students who miss a lesson may attend a make-up class the school holds monthly.

You may also check the availability of lessons with your same teacher within 1 week of the missed lesson.

If a teacher is absent from lessons we will provide a substitute teacher to take his/her place.

Please Initial _____

Parents/Adult Students Responsibilities:

It is the responsibility of the parent/guardian to know our withdrawal, make-up and tuition payment policies. It is the responsibility of the parent/guardian to be aware of the dates the school is open or closed. It is the responsibility of the parents or adult students to inform the school of any address or telephone number change. I authorize the Brain Fusion LLC to contact me via telephone, e-mail, text and direct mail.

Please Initial _____

Care of Students:

The school is not responsible for providing before or after class care for students. Parents with children under the age of 9 are to remain in the school during lessons. Students cannot be left at the school for excessive time before or after lessons.

Injuries:

Parents, legal guardians of minor students and adult students waive the right for any legal action for any injuries, damage or loss sustained on school property resulting from normal course activities or any other activity conducted by the students before, during or after lesson time.

Photo Release:

The school is hereby granted permission to take photographs of the students to use in brochures, web sites, posters, advertisements and other promotional materials the school creates.

Teachers of The Brain Fusion LLC. are not authorized to and cannot waive, alter or amend any schedules, policies or procedures of The Brain Fusion LLC.

I have read and understand the above policies and procedures and agree to abide by them.

Date

Student Name (please print)

Signature of Parent or Adult Student