



Smart Brain International

ENROLLMENT APPLICATION

CENTER CODE:	<u>STUDENT'S NAME:</u>		<u>DATE OF BIRTH:</u>	<u>AGE</u>	<u>GRADE</u>	<u>GENDER</u>	<u>SCHOOL NAME</u>
	LAST: FIRST:		MM / DD / YYYY			<input type="checkbox"/> BOY <input type="checkbox"/> GIRL	
DATE ENROLLED	<u>STREET ADDRESS</u>			<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>	
	<u>HOME PHONE NUMBER</u>	<u>PARENT EMAIL ADDRESS (TO SEND UPDATES)</u>			<u>HOW DID YOU HEAR ABOUT SMART BRAIN INTERNATIONAL?</u>		
DATE RECEIVED	MOTHER: ()	MOTHER:			AD WEBSITE FLYER FACEBOOK		
	FATHER: ()	FATHER:			OTHER:		
WEEKDAY MORNING / EVENING TIME: WEEKEND MORNING / AFTERNOON TIME:	<u>MOTHER'S NAME:</u>		<u>FATHER'S NAME:</u>		<u>FRIEND NAME:</u>		
	<u>CELL #:</u>		<u>CELL #:</u>		<u>PHONE #:</u>		
	<u>OFFICE #:</u>		<u>OFFICE #:</u>		<u>CENTER THEY ATTEND:</u>		
CHILD RELEASE <small>Who else besides parents will be allowed to pick up your child? If not filled out, we will only release to parents</small>							
<u>NAME:</u>		<u>NAME:</u>			<u>NAME:</u>		
<u>RELATION TO STUDENT:</u>		<u>RELATION TO STUDENT:</u>			<u>RELATION TO STUDENT:</u>		
<u>HOME #:</u>		<u>HOME #:</u>			<u>HOME #:</u>		
<u>CELL #:</u>		<u>CELL #:</u>			<u>CELL #:</u>		
<u>OFFICE #:</u>		<u>OFFICE #:</u>			<u>OFFICE #:</u>		
GENERAL DISCLOSURE							
Please list any other information you would like us to know about your child:							
IN CASE OF EMERGENCY (other than parents)							
<u>NAME:</u>		<u>RELATIONSHIP</u>		<u>HOME PHONE</u>		<u>MOBILE PHONE</u>	
<u>NAME:</u>		<u>RELATIONSHIP</u>		<u>HOME PHONE</u>		<u>MOBILE PHONE</u>	
<u>PHYSICIAN NAME:</u>				<u>PHONE NUMBER</u>		<u>OTHER INFORMATION</u>	
HEALTH & ALLERGY HISTORY							
List any <u>allergies</u> or <u>restrictions</u> to foods (nuts, milk, meat, etc) and to any medications ? <i>If none, please write N/A</i>							
PERMISSIONS							
"In the event I cannot be reached for emergencies at the time of illness or accident, I hereby authorize Smart Brain International to take my child to a physician, hospital or clinic, and I give my consent for any necessary emergency care . Any expense that may arise from this care will be the responsibility of the child's parent/legal guardians."							
<u>SIGNATURE</u>				<u>PRINT NAME</u>			
I understand from time-to-time, Smart Brain International will take general photo or video of its classes. Should my child appear in photo and/or video, I grant Smart Brain International to use such photographs and/or video for general marketing purposes, without requiring any further permissions from me. I further agree and understand that any photographs and/or video are the property of Smart Brain International.							
<u>SIGNATURE</u>				<u>PRINT NAME</u>			

STUDENT NAME: NICKNAME:	<u>SIGNATURE</u>		<u>PRINT NAME</u>	
	I understand from time-to-time, Smart Brain International will take general photo or video of its classes. Should my child appear in photo and/or video, I grant Smart Brain International to use such photographs and/or video for general marketing purposes, without requiring any further permissions from me. I further agree and understand that any photographs and/or video are the property of Smart Brain International.			
<u>SIGNATURE</u>		<u>PRINT NAME</u>		



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At Smart Brain International, we strive to deliver the best possible service in education without ever compromising on our company values. In order to achieve this and to be fair to all parents and students, we will require a credit card to be kept on hand for three different reasons: **1-**, to allow a 4-month commitment to our program; **2-** after the 4-month commitment, to serve as a form of payment for unpaid invoices after 30 days; **3-** to give you the freedom of remembering yet another bill and allowing us to automatically charge your card below on the first, or thereabouts, of every month.

Yes, I accept the terms for the 4-Month Commitment (6 months for After-School) (mandatory)	Unpaid Tuition Payments (mandatory)	Automatic Monthly Billing Option (optional)
<p>You will be charged monthly, but will commit to 4 months of enrollment. If your child does not complete the 4 month commitment period then your credit card, indicated below, will be charged the difference between number months attended less the 4 months. If my credit card cannot be charged, then I am personally responsible for this amount. If I change or cancel my credit card or my billing address, I will immediately inform Smart Brain International.</p>	<p>The credit card indicated below may also be used for any unpaid / open invoices (including, but not limited to tuition, material fee's, etc) with a balance for 30 days or more. If my credit card cannot be charged, then I am personally responsible for this amount. If I change or cancel my credit card or my billing address, I will immediately inform Smart Brain International.</p>	<p>By signing directly below, I agree to have my credit card charged monthly for the classes I have enrolled in. This authorization will remain in effect until I notify Smart Brain International in writing 30 days in advance to stop this automatic payment option</p>
<p>Sign _____ Print _____ Date _____</p>	<p>Sign _____ Print _____ Date _____</p>	<p>Sign _____ Print _____ Date _____</p>

MY CARD IS (SELECT ONE) Visa Master Card AmEx Discover

THE NAME ON THE CARD (EXACTLY AS IT APPEARS ON THE CARD)

First _____ Middle _____ Last _____

BILLING ADDRESS			EXPIRATION DATE	
STREET _____			MONTH	YEAR
CITY _____	STATE _____	ZIP _____		
CARD NUMBER				

Sign Please Sign _____ **Please Print Name** _____

Student Name (Print) _____	Enrollment Date _____	Card Information (type, name, #, exp, signature) Verified by _____ Sign (office personnel) Print (office personnel)
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Release of Liability for Student Drop-off & Dismissal

I _____ (parent / guardian) give Smart Brain International permission to dismiss my child and leave the Smart Brain International center **without** being picked-up by a parent, guardian, or authorized person as listed on the enrollment application. By allowing my child to arrive at the center or to leave on their own, I hold harmless Smart Brain International, Smart Brain International Franchise Corp, its employees, affiliates, or any person and entity in connection with company from any liabilities of any nature whatsoever that may arise.

Sign—Parent / Guardian _____ Print - Parent / Guardian _____ Student Name _____

Release of Liability for Student Curbside Drop-off & Pick-up

I _____ (parent / guardian) give Smart Brain International permission to dismiss my child to be picked-up curbside **without** being accompanied by Smart Brain staff to the vehicle. As such Smart Brain International may not be able to verify the validity of the occupancy of the vehicle as being a parent, guardian, or authorized person as listed on the enrollment application. Therefore, I hold harmless Smart Brain International, Smart Brain International Franchise Corp, its employees, affiliates, or any person and entity in connection with company from any liabilities of any nature whatsoever that may arise.

Sign—Parent / Guardian _____ Print - Parent / Guardian _____ Student Name _____



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VALID AS OF September 1, 2012

By adhering to the policies below, you allow us bring to you a better value, quality, and fairness to our students and you, our parent. Although the below policies will be **strictly** enforced; should you have any special circumstances, please bring it to our attention immediately. We thank you for you timely attention to this matter.

Refund Policy

Monthly Tuitions and Registration Fee's are **NOT** refundable for **ANY** of our programs for **ANY** reason

Make-Up Policy

- 1- Make-up classes must be made-up by the end of the following month. Unused make-up's cannot be rolled over to future dates. No exceptions.
- 2- You **MUST** be fully paid and currently enrolled to redeem make-up classes. You absolutely may not redeem make-up's if you are "on break", dropping out, or the like.
- 3- If you cannot attend a make-up class for any reason whatsoever the class **cannot** be rescheduled.
- 4- Make-up classes are **NOT** guaranteed. We will allow make-up **ONLY** if there is sufficient room in a class. Even under this stipulation, you have only to the end of the following month to complete the make up.
- 5- When enrolled in the Abacus combo program, there are **NO** make-up's for the Smart Plus enrichment class: Math, English, Social Studies, Science. No exceptions.

5 week

- 1- In a 5 week month, the 5th class is considered a free class. Therefore, any missed 5th class **cannot** be made-up. There will be no exceptions.

Payment Policy

- 1- All tuitions are due by the first class of the month. Payments received after the 10th of the month will be automatically assessed a \$5 late fee (per family, not child).
- 2- All material fee's are due prior to issuing of a new book and / or materials.
- 3 -Tuition payment **cannot** be offset by any accumulated make-up classes. There will be no exceptions.

Re-Registration

Any consecutive leave of 60 days or more will result in a new Registration Fee to be paid upon returning to any program.

Dismissal Policy

We will release your child **ONLY** to the parents or child release names listed on the enrollment form. Children under 18 must be picked-up by inside the center and will not be allowed to leave by themselves out the front door or from any upper level floors, unless a release form has been signed.

Student's Name:

Parent's Name:

Parent's Signature:

Date:



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Course Selection Sheet

Student:

Description / Program	Price	Enroll Date	Un-enroll Date	Signature
<i>Abacus Mental Arithmetic:</i>				
Standard	\$199.00			
Sibling discount	\$190.00			
Pre-Smart Brain	\$149.00			
<i>K - 5 Enrichment with Abacus :</i>				
Math	\$90.00			
English	\$90.00			
Social Studies	\$90.00			
Science	\$90.00			
<i>K - 5 Enrichment without Abacus :</i>				
Math	\$100.00			
English	\$100.00			
Social Studies	\$100.00			
Science	\$100.00			
<i>K - 5 Home Work Help:</i>				
With no other program enrollment	\$150.00			
With any other program enrollment	\$100.00			
<i>Advanced Tutorials:</i>				
Standard – 3 hrs/wk: 1 ½ hrs Math + 1 ½ hrs English	\$275.00			
Sibling Discount	\$250.00			
Individual Subject – 1 ½ per week either Math or English	\$199.00			
<i>Test Prep:</i>				
Standard – 12 week session – SAT, ACT, SSAT, etc.	\$825.00			
<i>After School</i>				
Homework Help, Math, English, Abacus, Chess, Fun Day	525.00			
<i>Smart Core k-5:</i>				
1 hr. each: Math / English / Science / Social Studies	\$360.00			
<i>Non-Academic Enrichments:</i>				
V.S.U. - Vocabulary, Spelling, Usage	\$150.00			
Brain Builders -Public Speaking, Chess, Robotics, Complex Puzzles	\$100.00			
Chess	\$80.00			
<i>Camps & Workshops:</i>				
Summer Camp				
Workshop				
<i>Fee's & Totals</i>				
General Registration / After School Registration / Summer Camp Reg.	\$75 / \$95 / \$75-\$100			
Materials fee payable upon issue of new materials	\$20-\$30			
Late Fee applies to tuitions paid 10 days after due date	\$10			