



Registration / Enrollment Form

Student Name: _____ **Date of Birth** _____

Current School _____ **Grade** _____

Mother's Name (or caregiver) _____ **Father's Name (or caregiver)** _____

Phone / Mobile _____ **Phone / Mobile** _____

Email: _____ **Home address:** _____

I prefer to be contacted or notified via: Wechat SMS Email Phone call

My child has allergic or asthma history. YES NO

If yes, please specify: _____

Alternate emergency contact: In case of an emergency and neither parent can be reached.

Name: _____ **Phone:** _____ **Relationship to student:** _____

From where did you get to know our Academy?

Ads, such as newspapers, fliers, website, etc. _____

Friends: if possible, name please _____

Others: please specify _____

Program(s) interested / enrolled in (circle one) : _____ & _____

Terms and conditions:

1. I understand that all the information recorded above is collected by Superminds Academy for management purposes and will be kept strictly confidential.
2. I understand this Registration/ Enrollment Form ('the form') is for administrative purposes and does not mean my child will be automatically enrolled in the programs I record above.
3. **When I confirm to enrolling in a program now or later, this form will be treated as the enrollment form, and the following conditions will be applicable when I sign this form:**
 - (1) I consent to my child taking part in the enrolled programs provided by Superminds, including view or listen to multi-media for educational purposes and I understand that all material would be pre-listened or previewed by Superminds to check its suitability.
 - (2) I consent / disagree for (**circle one**) my child's/children's marks from tests to be displayed inside Superminds Academy or the Wechat groups for management and motivational purposes.
 - (3) When a term is finished, my enrolled child/children will be automatically enrolled in the same class to continue studying in the next term unless a new decision is made by Superminds and I.
 - (4) I understand that my child's/children's enrollment(s) are subject to this form, the program timetable with its conditions, also my tuition payment to the enrolled programs.
4. **I understand and accept that the payment for a program/program(s) is/are NOT REFUNDABLE.**
If applicable, part or all of the tuition fee can be kept as credit for my child's or my children's future study at Superminds Academy for up to 2 years after the enrollment.

Mother/Father/Caregiver _____ **Signature** _____ **Date** ____/____/____