

REGISTRATION FORM

Please print and fill in the registration form to enroll. Forward with 30% of course fees to ensure your booking. Enrolment accepted from 2 months prior to course date.

(For course dates, fees and venue please email: edu-k@braingym.in)

| | | | | | |
|---|--|----------------------|--|------------|--|
| Name | | Male / Female | | DOB | |
| Student | | Occupation | | | |
| (Student's) Parents' Name | | | | | |
| Mother | | | | | |
| Father | | | | | |
| Other family members doing course : avail of up to 20% discount | | | | | |
| Postal Address: | | | | | |
| Phone | | Work | | | |
| Home | | Mobile | | | |
| Email | | | | | |
| School/College | | | | | |
| Name of Business: | | | | | |

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| Are you aware of Dyslexia, Dysgraphia, ADD or ADHD related problem in You /Your Family members? |
| |
| Others: Difficulties Currently Experiencing- Learning Related / Behavior Related (Please Describe) |
| |

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|---|
| Course |
| <ul style="list-style-type: none">• Powered by Brain Gym:• Introduction to Brain Gym101:• Brain Gym101: |

Please forward all payments by courier to

Mahati Belnick,

'DJAPA',

Kuila Palayam P.O AUROVILLE,

T.N. 605 101.