



# Building Thinking Families

## Through Mediation and Active Learning



### Registration & Client Agreement

This Client Agreement (referred to as "agreement" hereinafter) is by and between The MINDCAP Center, Inc ("MINDCAP") and the undersigned parent or "client." This document will set forth the obligations and responsibilities of MINDCAP and the Client.

Name of Parent(s) or Other Adult(s) Attending (Client): \_\_\_\_\_ ( \_\_\_\_\_ ) Check if Grandparents or Other

Mailing (Street or P.O.) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Fees: \_\_\_\_\_ (# of Computers Enrolled) x **\$180.00** = \$ \_\_\_\_\_ (Total Due)

Payment: \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card (add 3% processing fee)

The **\$180.00** fee is for **each** computer that is on the Zoom class. Parents in different locations or grandparents may sign up, pay the fee, and join the class. Parents may also sit together at one computer and pay one fee.

Initial Zoom link will be emailed when **both** registration and payment are received.

Session Schedule: Zoom classes will be held **every Tuesday evening** beginning **March 10, 2026 for four weeks**, from **7:00-8:30 PM** (Class will meet March 10, March 17, March 24, and March 31).

Ground Rules: Attending all sessions will be important for best results. Every session will be recorded in case one spouse would need to miss class and would like to watch at a later time.

Services Provided: A four (4) week parenting course in using Feuerstein's mediated learning experience to help children think, learn, and thrive better at school and at home.

*MINDCAP does not provide mental health counseling or psychological services. This program does not intend to supplant medical advice or offer solutions to all cognitive issues and results cannot be guaranteed. The general components of the program will be provided in a separate class overview.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please use the reverse for sharing your goals in taking this class)*

