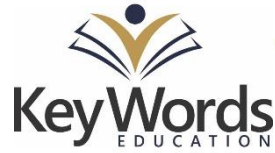


After School - Emotional Intelligence Program



REGISTRATION APPLICATION

Return this application by e-mail: contact@keywordseducation.com

STUDENT'S NAME:

GRADE:

AGE:

BIRTHDAY:

HOME ADDRESS:

PARENT/GUARDIAN NAME:

CELL PHONE:

EMAIL:

SCHOOL OR GROUP:

SIGNATURE: _____

Emotional
Intelligence

CANCELLATION POLICY

A PARENT may cancel child enrollment at any time with a 30 days' notice via e-mail contact@keywordseducation.com. Please remember partial months are not permitted.

If a member cancels on or after their due date, then next payment will still be due. Cancellation must be done in writing and submitted before the following month begins via email above mentioned.

I am fully aware of KEYWORDS EDUCATION that I can cancel my contract at any time, but I must give 30 days' notice by email. And in the current month the monthly fee is not refunded. **Initials:**

REPLACEMENT CLASSES AND ATTENDANCE

In order to ensure proper academic progress. KEYWORDS EDUCATION will not replace classes unless the student brings a doctor's note. Such replacement class shall happen in the afternoon.

Late Pick up Policy

I understand KeyWords Education LLC policy, a late fee will be charged at \$2.00 per minute (per child) starting 7 minutes after class ends. (Example: If class ends at 3:00 pm, and you pick up your child at 3:10 pm or will result in a \$6.00 late fee). Parents or guardian must sign the Late Pickup Form that documents late pick up occurrences. Parents will be charged late pick-up fees in the month following the occurrence. I understand that KeyWords Education LLC, if the parent or guardian is unreasonably late (more than 1 hour late) for no valid reason, we will charge the parent a fee equal to 1 month per late hour. **Initials:**

IMPORTANT NOTICE

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument. Both sides of the contract is binding only when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read both sides before signing.
3. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Although the school will provide placement assistance, the school does not guarantee job placement to graduates upon program completion or upon graduation.
6. The KEYWORDS EDUCATION reserves the right to reschedule the program start date with the number of students scheduled is too small.

IMPORTANT NOTICE

I, _____ the parent of _____, agree that the enrolled and I will abide by the rules of KEYWORDS EDUCATION LLC, its affiliated organizations and sponsors.

I hereby release, discharge and/or otherwise indemnify KEYWORDS EDUCATION LLC, its affiliated organizations and sponsors, their employees and associated personnel. I further grant KEYWORDS EDUCATION LLC the right to use the student's name, pictures and /or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

INSURANCE KEYWORDS EDUCATION HAS AN INSURANCE POLICY FOR ALL CHILDREN CURING YOUR SOCIAL AND EMOTIONAL EDUCATION PROGRAMS AND OTHERS. POLICY NUMBER UDC-4169065-CGL-19 BY HISCOX INSURANCE COMPANY INC. THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

MEDICAL RELEASE (MINOR) I give permission for my child, _____, to participate in Emotional Skills Program of the KEYWORDS EDUCATION LLC. I also authorize the program to make decisions regarding and/or obtaining medical care for injuries and illness that affect my child. I further authorize all medical or hospital facilities to accept this document as authorization to render emergency care to my child should it be deemed medically necessary. Responsibility for primary medical insurance coverage rests with the participant.

I further understand that in the event of a medical emergency, KEYWORDS EDUCATION LLC will call EMS (insurance company) to render assistance and that I will be financially responsible for any expenses involved.

I acknowledge and agree that KEYWORDS EDUCATION LLC has the right to take pictures of my child and use them on the company website (www.keywordseducation.com), social media and promotional material without compensation. Your child's name and identity will not be revealed. If you prefer not to photograph your child, let us know by e-mail.

SIGNATURE: _____ DATE: _____