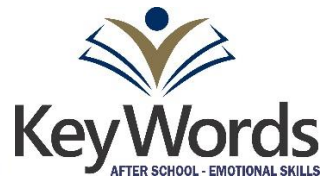


After School - Emotional Intelligence Program



REGISTRATION – 2021/2022

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

STUDENT'S NAME:

GENDER: MALE () FEMALE () AGE: BIRTHDAY:

HOME ADDRESS:

PARENT/GUARDIAN NAME:

CELL PHONE:

EMAIL:

SCHOOL OR GROUP:

SIGNATURE: _____

Emotional
Intelligence

CANCELLATION POLICY

A PARENT may unsubscribe a child at any time with 30 days' notice via email contact@keywordseducation.com. Please remember that partial months are not allowed.

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

I am fully aware by KEYWORDS EDUCATION that if I cancel my contract without 30 days' notice, I will have to refund the full discount (difference) granted to me in the face-to-face classes.

REPLACEMENT CLASSES AND ATTENDANCE

To maintain a proper academic process, all students must maintain a minimum of 75% attendance.

To ensure good academic progress, KEYWORDS will not replace classes unless the student brings a medical certificate. If you need to make up the class, the makeup must take place in the regular after-school period of the week.

NOTICE TO BUYER

1. Do not sign this contract before reading it or if it contains blanks.
2. This agreement is a legally binding instrument. Both sides of the contract are binding only when the agreement is accepted, signed and dated by the school's authorized official or the admissions officer of the school's principal place of business. Read both sides before signing.
3. You are entitled to an exact copy of this agreement and all disclosure pages you sign.
4. This agreement constitutes the entire agreement between the student and the school.
5. KEYWORDS EDUCATION reserves the right to reschedule the program start date with the minimum number of students scheduled.

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: _____