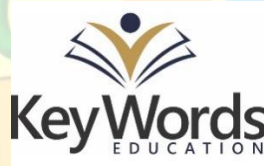


## After School – YOUNG ENTREPRENEURS



# YOUNG ENTREPRENEURS

FINANCIAL EDUCATION & ENTREPRENEURSHIP FOR KIDS

### REGISTRATION APPLICATION

Return this application by e-mail: [contact@keywordseducation.com](mailto:contact@keywordseducation.com)

STUDENT'S NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SCHOOL OR GROUP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## AFTER SCHOOL PROGRAM



## **THE PROGRAM YOUNG ENTREPRENEURS**

The YOUNG ENTREPRENEURS program is made up of 12 theoretical and practical classes that are applied within the partner school and that the parent is aware that will be developed each week for 1 hour. Even if there are holidays, the program will be applied in full, taking place according to the pre-disclosed schedule.

## **FINANCIAL EDUCATION & ENTREPRENEURSHIP FOR KIDS**

### **CANCELLATION POLICY**

For the Entrepreneurship for Children program, called YOUNG ENTREPRENEURS, there is no cancellation.

Parents are aware that they hire the 12 classes belonging to the program on that date without reimbursement or return of the money invested in the program.

### **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.

### **NOTICE TO BUYER**

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.

## **AFTER SCHOOL PROGRAM**





## 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 CURRING YOUR ENTREPRENEURSHIP PROGRAM 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](http://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: \_\_\_\_\_