

The Living School: Education Outside the Box

954-465-5413

thelivingschooleob@gmail.com

Trial/ Drop in REGISTRATION FORM

Student Name:	Parent's name(s):
Student D.O.B.:	Parent's home phone:
Student grade:	Parent's cell phone:
Student cell phone:	Parent's cell phone:
Student email:	Parent email:
Student allergies:	Parent address:
Student medical condition(s):	Emergency contact:
Date of Annual Evaluation:	Emergency contact phone:

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Reason for choosing The Living School:

What is your goal for your son/daughter in reference to their schooling?

What are your son/daughter's strengths?

What are your son/daughter's areas needing improvement?

What are your concerns?

ADDITIONAL NOTES:

Do you want your student to have mission adventures? _____yes _____no, thank you
(These are the connections to academics and cover math, ela, social studies and science AND are an additional cost of \$5.)

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RELEASE OF LIABILITY

I. THE PARTIES. This General Release of Liability ("Release") is made this _____ is by and between: Releasor: _____ with a mailing address of _____ ("Releasor"), and Releasee: The Living School, a service of Services by Smith, LLC, with a mailing address of 4494 NW 99th Terrace, Sunrise, FL 33351 ("Releasee").

II. LIABILITY EVENT. Under the terms of this Release and sufficiency of which is hereby acknowledged, the Releasor hereby releases and forever discharges the Releasee of: Accidents, injuries, or death incurred on the bus, in route or on-site at agreed upon location ("Liability").

THEREFORE under the terms of this Agreement and sufficiency of which is hereby acknowledged, do hereby release and forever discharge the Releasee including their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which now have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the Liability.

III. PAYMENT. As part of this Release, the Parties agree to no payment by the Releasee to the Releasor.

It is understood and agreed that this Release is made and received in full and complete settlement and satisfaction the causes of action, claims and demands mentioned herein; that this Release contains the entire agreement between the Releasor and Releasee; and that the terms of this Release are contractual and not merely a recital.

IV. BINDING EFFECT. This Release shall be binding upon the undersigned, and his respective heirs, executors, administrators, personal representatives, successors and assigns.

Releasor's Signature: _____ Date _____

Print Name: _____

Releasee's Signature: _____ Date _____

Print Name: ___Joelle Smith_____

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Payment Contract

Fees shall be calculated at a rate of [\$50] dollars a trial day for 1 week or [\$150] dollars a day of drop in tutoring with a (\$50 per student) one time fee for registration (credited towards curriculum design if enrolling for 35 week program).

_____ 1 trial day

\$50 plus \$50 registration fee

_____ 1 drop in class

\$150 plus \$50 registration fee
10% sibling discount

Accepted methods of payment:

- Cash
- Zelle to 954-465-5413 (Services by Smith LLC)
- Credit Card (will be charged 3.5% for ea. transaction)
- Step Up Scholarship

I understand that 24 hours notice must be given if cancelling or I will be charged. _____

Cancellation Policy: I understand that the registration fee paid is non-refundable even if my student does not start the program. _____

Parent Signature _____

Date _____

Parent Name _____

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Medical Permission Form

Parent Name: _____

Telephone: _____

I authorize my student, _____, to utilize the bus provided by The Living School on his/her scheduled days from 9:00am-3:00pm to locations previously informed to the parent. In addition, I authorize The Living School employees to administer medical treatment as necessary while in the care of The Living School.

EMERGENCY CONTACT In case of an emergency, I may be reached at:

Name: _____

Telephone: _____

In the event I cannot be reached, please contact:

Name: _____

Telephone: _____

HEALTH/ACCIDENT INSURANCE

My student is covered by family insurance

Insurance Company: _____

Policy Number: _____

_____ I've attached a photo copy of my family insurance identification card.

_____ I do not have insurance, however, I will pay any and all medical bills for emergency care of my student.

_____ / _____

Signature of Parent or Guardian/Date

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Photo Release Form for Minors (if under 18)

The Living School has my permission to use my or my child's photograph publically to promote the business. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____