954-465-5413 thelivingschooleob@gmail.com

1

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:

954-465-5413 thelivingschooleob@gmail.com

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:

954-465-5413

the living schoole ob@gmail.com

3

Educational Agreement

This Education	nal Agreem	ent ("Agreemen	t") is entered into freely and knowingly by and between Service
by Smith,	LLC. (the	"Tutor") an	d <mark> (the "Student")</mark> o
		(t	<mark>he "Parent") (</mark> hereinafter collectively referred to as the "Parties
and individual	lly to as the	"Party") and se	ts forth the arrangement between the Parties relating to providing
tutoring servic	ces commen	cing on 8 <mark>/</mark> /2	2 in accordance with the terms and conditions set forth below:
Whereas the T	utor shall p	rovide tutoring	to the Student in the following subject/s: Math, English, Social
Studies, Scienc	ce at the loc	ations verbally o	outlined. Changes in location are at the discretion of the Tutor
and the Parent	t must be no	tified electronic	cally of the change 12 hours in advance.
1.	FEES PAY	ABLE TO Servi	ces by Smith, LLC.
			ollars per day for a minimum of 35 weeks of tutoring with a (\$300
one time fee fo	r admissioi	ı, materiais, and	l administrative costs.
-	-		and shall become effective upon mutual Parties arrangement, after
having given tl	he Student		10 (ten) days prior written notice.
PAYMENT			
Payment shall	be made <u>in</u>	advance.	
\$110 per day po	er student		
Accepted meth	ods of payr	nent:	
□ - Cash			
□ - Check			
☐ - Internet T	ransfer		
□ - Other: [Cr	redit Card][]	FES]	
Name of perso	n responsil	le for the paym	ent of fees: []
2.	SCHEDU	LE OF LESSONS	S
Tutoring shall	commence	on theo	lay of
and thoroafter	for as wook	e ac mutually ac	read upon by Tutor and Student

954-465-5413

thelivingschooleob@gmail.com

4

3. CANCELLATION OF LESSONS BY STUDENT

Fees are based upon the Student's undertaking to attend all lessons as stipulated in the schedule above and no discount or refunds shall be given in respect of lessons not attended by the Student.

4. CANCELLATION OF LESSONS BY TUTOR

The Tutor may cancel lessons by giving 24 hours prior notice to the Student in which case no fees shall be incurred. Where a lesson was prepaid, the Tutor shall reschedule the appointment at a time agreeable to both parties.

5. LATE ARRIVAL

Fees are calculated according to the times stipulated in the schedule and no adjustment shall be made for time lost because of late arrival by the Student.

Any lost time because of the late arrival of the Tutor shall be compensated for by extending a lesson by mutual agreement and by such amount of time that was lost.

6. OBLIGATIONS OF THE TUTOR

- the Tutor undertakes to do all preparation prior to lessons and to structure lessons in such a way as to optimize time to the benefit of the Student;
- the Tutor shall keep confidential information of the Student and shall contact other parties involved in the education of the Student only upon prior written permission of the Student;
- the Tutor shall not assign any of his/her duties or obligations under this Agreement to a third party without the written permission of the Student;
- the Tutor is not obliged to execute homework or assignments on behalf of the Student, however he shall do all his best to explain the material duly to enable the Student to do his/her homework properly;

7. OBLIGATIONS OF THE STUDENT

- the Student undertakes to assist the Tutor in identifying problem areas in which the
 Student needs specific tutoring;
- the Student undertakes to attend lessons and to do his best to gain knowledge and obtain new skills as well as to do his/her homework tasks assigned by the Tutor;
- The Student agrees that assignments, exercises or homework are integral part of tutoring and undertakes to complete such work properly and timely;

954-465-5413

thelivingschooleob@gmail.com

5

8. WARRANTIES

The Tutor makes no guarantees or warranties with regards to a Student's performance as a result of any tutoring provided.

9. STATUS OF THE TUTOR

It is expressly understood that the Student retains the services of the Tutor as an independent contractor and not as an employee. The Tutor shall be responsible for his/her insurance and for all statutory declarations and contributions regarding income tax.

10. GENERAL PROVISIONS

Entire Agreement. This Agreement contains the entire understanding of the Parties with respect to employment of the Tutor and supersedes any and all prior understandings, written or oral. This Agreement may not be amended, waived, discharged or terminated orally, but only by an instrument in writing, specifically identified as an amendment to this Agreement, and signed by all Parties.

Severability. If any provision of this Agreement shall be held to be illegal, invalid or unenforceable under present or future laws, such provisions shall be severable, this Agreement shall be construed and enforced as if such illegal, invalid or unenforceable provision had never comprised a part of this Agreement; and, the remaining provisions of this Agreement shall remain in full force and effect.

Termination. This Agreement may not be terminated.

Minors. In case if the Student is a legal minor, the Parent(s) shall enter into this Agreement on behalf of the Student and shall accept and agree to all the terms and conditions contained herein on behalf of the Student.

Dispute Resolution. If a dispute arises during or after the term of this Agreement between the Parties, they shall agree to negotiate amongst themselves, in "good faith", before any litigation.

In case of impossibility to resolve the dispute by negotiation, all disputes under this Agreement shall be settled by arbitration in the State of governing law before a single arbitrator pursuant to the commercial law rules of the American Arbitrator Association. Arbitration may be commenced at any time by any party hereto giving written notice to the other party to a dispute that such dispute has been referred to arbitration. Any award rendered by the arbitrator shall be conclusive and binding upon the parties hereto. This provision for arbitration shall be specifically enforceable by the parties and the decision of the arbitrator in accordance herewith shall be final and binding without right of appeal.

954-465-5413 thelivingschooleob@gmail.com

6

Governing Law. This Agreement shall be construed under and in accordance with the laws of the state where the workplace is located.

IN WITNESS WHEREOF, each of the parties hereto has caused this Agreement to be duly executed and delivered.

Tutor Signature:
Printed Name: Joelle Smith
Parent Signature:
Printed Name:
Student Signature:
Printed Name:

954-465-5413 thelivingschooleob@gmail.com

7

Student Behavior Expectations

Student expectations regarding behavior include: Respect, Obedience, Self-Control, and Honesty. Please be advised that a student could be removed from our program for inappropriate behavior at the discretion of The Living School Staff.

Inappropriate behaviors included but are not limited to the following:

- Any disrespectful behavior behaviors towards students or staff
- Any behavior that may be interpreted as bullying
- Repeated refusal to remain academically engaged on site
- Leaving the location without consent and/or knowledge of the teacher
- Theft of any kind
- Aggression/assault towards an instructor or student
- Inability to follow the teacher's redirection concerning behavior.
- Pattern of non-compliance

By signing this form, you acknowledge the aforementioned expectations and will accept the consequences of dismissal of the student for inappropriate behavior including the loss of full tuition.

Tutor Signature:	
Printed Name: Joelle Smith	
Parent Signature:	
Printed Name:	
Student Signature:	
Printed Name:	

954-465-5413 thelivingschooleob@gmail.com

8

Overview

The following is a check list of items that need to be reviewed. Please make sure that all items have been addressed. Please initial each item.

Once the registration process has been completed, I am committed to paying tuition for the school year which is 35 weeks. Emergency situations will be handled on a case-by-case basis.

Tuition payments are due Monday each week or full payment by for the year by August 10th. Any payments received late will incur a 10% late charge.

Late pick-up of more than 30 minutes will result in a \$25 charge.

Late drop-off of more than 15 minutes will result in the parent driving the student to the location or forfeiting the class that day.

If a student is sick and 24-hour notice is provided, the student may (1) schedule a 2-hour private tutoring session (2) attend another class day, or (3) forfeit the class that week.

Classes will be closed for the following holidays: Sept. 1, Labor Day, one (1) week for Thanksgiving, two (2) weeks for Christmas, and one (1) week for Springs Break.

In cases of inclement weather, we will follow the Broward County Schools and/or Palm Beach

County Schools .

954-465-5413 thelivingschooleob@gmail.com

9

Payment Contract

Fees shall be calculated at a rate of [\$110] dollars a day for a minimum of 35 weeks of tutoring with a (\$300 per student) one time fee for curriculum design appointment, admission costs, materials, and administrative costs.

Payment shall be made in advance with the first payment due August 10th and then as follows: (initial one)

2 field trips a week: \$7300 paid before classes begin		
OR		
\$220 weekly (\$7,700)		
3 field trips a week:		
\$11,000 paid before classes begin		
OR		
\$330 weekly (\$11,550)		
Accepted methods of payment:		
□ - Cash		
□ - Zelle		
□ - Credit Card		
□ - Gardiner Scholarship		

Once my student has begun classes, there will be a one (1) week opportunity to change days if space is available. After that date, I will be expected to make contracted payments through the end of the year.

954-465-5413

the living schoole ob@gmail.com

10

If my student is unable to complete a class due to illness, the student can (1) schedule	a
2-hour private tutoring session (2)attend another class day, or (3) forfeit the class tha	ıt
week. Once payment has been made, even if made in advance, funds are	
non-refundable. Payments received after after the class occurred will be considered	d
late and are subject to a 10% late fee	
I understand that if payment is not received after 2 classes my student may not attend	d
class until payment is rendered. If payment is not made, students will be disenrolled	
from the class	
Cancellation Policy: I understand that the registration fee paid is non-refundable eve	en
if my student does not start the program	
Parent Signature	
Date Date	
Parent Name	
Cuadit Cand to be kent on file.	
Credit Card to be kept on file:	
Name on card	
Credit Card #Expiration Date	
CVC Security # Zip Code	
Signature Authorization	

954-465-5413 thelivingschooleob@gmail.com

11

RELEASE OF LIABILITY

I. THE PA	RTIES . This General Release of Liability ("Release") i	s made
this <mark></mark>	is by and between:	
Releasor:	with a mailing address of	f
		("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.

954-465-5413 thelivingschooleob@gmail.com

12

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	

954-465-5413 thelivingschooleob@gmail.com

13

Medical Permission Form

Parent Name:	
Telephone:	
I authorize my student,	to utilize the bus provided by
The Living School on his/her scheduled da	ays from 9:00am-3:00pm to locations
previously informed to the parent. In add	tion, I authorize The Living School
employees to administer medical treatme	nt as necessary while in the care of The
Living School.	
EMERGENCY CONTACT In case of an emo	ergency, I may be reached at:
Name:	
Telephone:	
In the event I cannot be reached, please co	<mark>ontact:</mark>
Name:	
Telephone:	
HEALTH/ACCIDENT INSURANCE	
My student is covered by family insurance	
Insurance Company:	
Policy Number:	
I've attached a photo copy of my far	nily 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	

954-465-5413 thelivingschooleob@gmail.com

14

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	