

# *The Living School*

954-465-5413

thelivingschooleob@gmail.com

## **Trial/ Drop in REGISTRATION FORM**

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

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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.)

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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.

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**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 [\$130 ] 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

\$130 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)
- Gardiner Scholarship student number \_\_\_\_\_

**Payments received after the contracted agreement will be considered 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 class until payment is rendered. \_\_\_\_\_

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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## **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 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: \_\_\_\_\_

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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: \_\_\_\_\_