

Hello Parent,

Beyond Basic Learning Academy is located in the Brewerytown section of Philadelphia as well as the West Oak lane Section of Philadelphia. We serve 30 students each week with high-quality early care and learning opportunities while parents are at work.

We would love for you to visit our program and are hoping we can work to get something on your schedule. We provide an array of services for our students including but not limited to a creative curriculum, before and after school care, infant care, preschool, modeling classes, dance classes, sewing classes, makeup classes and much more!

We also offer a free learning assessment, private tutoring by a master's level math and science major.

At our program, you will see what high-quality child care really looks like, and what it takes to serve children and families.

Child care helps children, families and communities prosper. Children enrolled at our facility learn and develop skills they need to succeed in school and in life. We help families get ahead by giving parents the support and peace of mind they need to be productive at work. We also care to help our nation stay competitive, with a stronger workforce now and in the future.

We look forward to the opportunity of hosting you at our program. Please contact me at 267.971.6982 to schedule this visit.

Sincerely,

April Powell  
Beyond Basic Learning Academy LLC  
1916 W. Spencer Avenue  
Philadelphia, PA 19141  
267.971.6982  
[www.btblearningacademy.org](http://www.btblearningacademy.org)  
[info@btblearningacademy.org](mailto:info@btblearningacademy.org)

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# Enrollment Checklist



Materials to give to parents (\*need to be filled in, signed, and returned to provider before child starts)

- \_\_\_\_\_ \*- **Email Address** \_\_\_\_\_
- \_\_\_\_\_ \*- Agreement Form (periodic review/updated every 6 months)
- \_\_\_\_\_ \*- Emergency Contact Form (periodic review/updated every 6 months)
- \_\_\_\_\_ - Initial Child Health Report (**must be provided prior to first day**)
- \_\_\_\_\_ - Medication Log (must have prescription prior to first day)
- \_\_\_\_\_ - Child and Adult Food Program Form (must have completed)
- \_\_\_\_\_ \*- Handbook (signature page must be signed and dated)
- \_\_\_\_\_ \*- Birth Certificate (Must have custody agreement on file if exist)
- \_\_\_\_\_ \*- Photography and Travel Permission Slip
- \_\_\_\_\_ \*- Copy of Parents Driver's License or Photo Identification Card
- \_\_\_\_\_ \*- Getting to Know Your Child
- \_\_\_\_\_ \* Ages and Stages, IEP, and Invitation to Conference
- \_\_\_\_\_ \* Parents Identification Card

\_\_\_\_\_ \*\*First week's tuition payment/enrollment fee from parent.

Enrollment fee for each child is \$25 per child. This enrollment fee is not waived. This fee is utilized towards setup fees for your child, technology, and welcome gift for your child. This fee is non-refundable. Please ensure email address is provided and Bright Wheel app is downloaded. Any questions please speak with April.

Agreement Form

The agreed tuition rate is due every Monday for CCIS/ELRC parents.

The agreed copayment rate is due every Friday.

Contracted hours cannot exceed 9 hours.

USDA meals only last are for 3 meals. This includes 8am breakfast, 12 noon lunch, and 3 pm snack. We request donations for 10am morning snack for children.

Tuition rates do not include any additional services.

Emergency Contact Form

All lines must be completed on the mother and father/legal guardian portion.

Emergency Contact are just for phone call purposes.

Person to whom child may released must have phone number, address, and phone number or they can not go on the list and child can not be released to them.

Name of child physician must be completed including a copy of the insurance card.

If the child has allergies, it must be confirmed by doctor as well as any medications. Any additional information needed must be disclosed on the Emergency Contact Form

**Please Be Advised These Forms Must Be  
Completed Correctly Entirely Before Start  
Date of the Children**



# EMERGENCY CONTACT / PARENTAL CONSENT FORM

5 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

<b>CHILD'S NAME</b>		<b>BIRTHDATE</b>
<b>ADDRESS</b>		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>EMERGENCY CONTACT PERSON(S)</b>	<b>NAME</b>	<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	<b>NAME</b>	<b>ADDRESS</b>
		<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		<b>TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>SPECIAL DISABILITIES (IF ANY)</b>	<b>ALLERGIES (INCLUDING MEDICATION REACTION)</b>	
<b>MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</b>	<b>MEDICATION, SPECIAL CONDITIONS</b>	
<b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>		
<b>HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS</b>	<b>POLICY NUMBER (REQUIRED)</b>	
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>	<b>ADMIN. OF MINOR FIRST - AID PROCEDURES</b>	
<b>WALKS AND TRIPS</b>	<b>SWIMMING</b>	
<b>TRANSPORTATION BY THE FACILITY</b>	<b>WADING</b>	

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

03891A

**ORIGINAL**

CY 867 - 1/93

Please ensure that every line is completed on this form. If it is not applicable please put N/A. Please ensure each box for the parental consent is signed of N/A for those things that you do not consent to. All people who child can be released to MUST have the address next to the name along with the telephone number. This form must be completed in its entirety of the child will be unable to start.



# Beyond Basics Learning Academy AGREEMENT



55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK Week	DAY PAYMENT TO BE MADE Monday we accept Cash App and Major Credit Cards NO CASH
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
Services to be provided include childcare for the hours displayed below not to exceed 9 hours along with learning assessment		
Child will receive breakfast am snack lunch pm snack supper evening snack (circle 3 only).		
Transportation will not be provided unless contracted at below rate. Must be paid before service week. No Exceptions		
Parent will provide copy of the IEP, Service Plan, and other documentation needed to assist student		
Parent will have a completed health assessment form, emergency contact form, and agreement form prior to starting		
Child care facility will provide curriculum to each student who is a full time student		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$ 2.00	PER MIN-HR minute	
Extra services to be provided at an additional fee if applicable		
Door to Door Transportation additional \$50.00 per week > Waiting Fee of \$2.00 per minute with van service after 2 minute wait		
Summer Camp is additional \$50.00 per week.		
Late payment of copay, tuition, or transportation is \$25.00 no exceptions. Changing your tuition days is \$25.00 each payment		

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

\_\_\_\_\_  
SIGNATURE-OPERATOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE-PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

DATE OF CHILD'S ADMISSION

DATE OF WITHDRAWAL

### PERIODIC REVIEW

\_\_\_\_\_  
SIGNATURE-PARENT OR GUARDIAN

\_\_\_\_\_  
DATE



# Beyond Basic Learning Academy



## CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE: 2152768248	ADDRESS:
CHILD CARE FACILITY NAME: Beyond Basic Learning Academy 1916 W. Spencer Avenue		
FACILITY PHONE: 267.971.6982	COUNTY: Philadelphia	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

**DO NOT OMIT ANY INFORMATION**  
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):  
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.  
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?  
 YES  NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT [WWW.AAP.ORG](http://WWW.AAP.ORG))

YES  NO

**NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.**

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

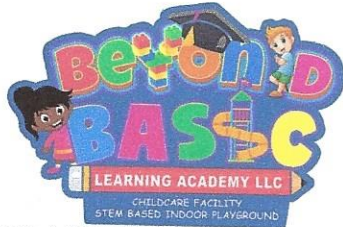
### RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER:
	DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

# Tuition



# Addendum

PLEASE INITIAL EACH LINE IN AGREEMENT THAT YOU UNDERSTAND WHAT TUITION DOES NOT COVER. PLEASE UNDERSTAND THAT ANY ADDITIONAL SERVICES PROVIDED BY BBLA IS THE RESPONSIBILITY OF THE PARENT IN WHICH CCIS/TUITION DOES NOT COVER

\_\_\_\_ I UNDERSTAND TUITION AND/OR COPAYMENT IS STILL DUE EVEN IF THE CHILD MISSES ANY OF CHILDCARE DAYS DUE TO SICKNESS, VACATION, OR CLOSURE. A

\_\_\_\_ \*- TUITION/ CCIS DOES NOT COVER TRANSPORTATION TO OR FROM SCHOOL

\_\_\_\_ \*- TUITION/ CCIS DOES NOT COVER TRANSPORTATION TO OR FROM TRIPS

\_\_\_\_ - TUITION/ CCIS DOES NOT COVER TRANSPORTATION FOR DOOR-TO-DOOR SERVICES

\_\_\_\_ - TUITION/ CCIS DOES NOT COVER SUMMER CAMP

\_\_\_\_ - TUITION/ CCIS DOES NOT COVER SUMMER CAMP TRIPS OR ANY OTHER TRIPS THAT OUR FACILITY PARTICIPATES IN

\_\_\_\_ \*- CCIS ALLOWS 40 CALENDAR ABSENCES PER FISCAL YEAR, ONCE CHILD HAS REACHED THE MAXIMUM DAYS FOR ABSENCES IT IS THAT RESPONSIBILITY OF THE PARENT TO PAY

\_\_\_\_ \*- 5 CONSECUTIVE ABSENCES AND LATE PAYMENTS ARE REPORTED

\_\_\_\_ \*- IF THE PROVIDER RATES ARE HIGHER THAN THAT OF CCIS/MCCA RATES THE PARENT IS REQUIRED TO PAY THE DIFFERENCE

\_\_\_\_ \*- TUITION/ CCIS DOES NOT COVER YOUR REGISTRATION FEE

\_\_\_\_ \*- ALL ABSENCES WILL BE REPORTED IF YOUR CHILD MISSES A DAY YOU ARE STILL RESPONSIBLE FOR YOUR COPAYMENT YOUR CHILD ABSENCE DOES NOT PAY FOR THE ABSENCE.

SIGN

DATE

# Beyond Basic Learning Academy LLC Enrollment Contract

I/we have read, understand, and agree to abide by the policies contained on this form. I/we further understand that if the policies outlined are not adhered to, it would be sufficient cause for the removal of my/our child/ren from the childcare facility. I have received a copy of the handbook and agree to adhere to the policies within them.

Please initial next to each item. I want to be sure that you understand each policy.

\_\_\_\_\_ I understand the security deposit is one week tuition which is \$\_\_\_\_\_ whether private pay or state funded. Security deposit is to ensure that two-week notice is given prior to disenrolling your child.

\_\_\_\_\_ I understand there is a \$25 application fee per child.

\_\_\_\_\_ I understand that we must provide a completed application including medical form prior to start date.

\_\_\_\_\_ I understand that tuition is due Friday prior to the service week and copayments are due Monday of the service week. I understand that late payments are \$15 a day.

\_\_\_\_\_ I understand the first two weeks is a trial period and if we feel our facility is not a good fit, we will terminate services.

\_\_\_\_\_ I/we have contracted for the hours of \_\_\_:\_\_\_ to \_\_\_:\_\_\_

\_\_\_\_\_ I/we understand the overtime policy, vacation policy, and illness policy.

\_\_\_\_\_ I/We am contracting for ( ) year around ( ) summer only ( ) school year only childcare services.

\_\_\_\_\_ I/We understand that I will be responsible for finding back-up care for when Beyond Basic Learning Academy is unable to provide care.

\_\_\_\_\_ I/We understand the pickup policy for anyone other than parents.

\_\_\_\_\_ I/We understand the late fee policy of \$2.00 per minute per child must be delivered by the next morning of the next business day.

\_\_\_\_\_ I/We understand the behavior policy and have shared the rules with my/our child/ren.

\_\_\_\_\_ I/We understand that tuition only pays for childcare for me to work. Any additional hours will be paid by the parent. I understand that CCIS is a separate entity from Beyond Basic Learning Academy and any fees assessed will be paid by the parent and not CCIS. CCIS only covers up to 9 hours of care to this facility for a full-time parent. Any additional time is the responsibility of the parent.

\_\_\_\_\_ I/We understand the termination policy by both parties. I understand that a two-week notification is needed of the security deposit will be retained and not refunded.

By signing below, you agree that this is a legally binding form, and that you agree to adhere to all the policies listed above as well as in the parent handbook. Failure to abide by these policies could result in forfeiture of childcare retainer, termination of childcare services, or both.

Parent Signature:	Date:
Beyond Basic Learning Academy:	Date:





**BEYOND BASIC LEARNING ACADEMY**



## **INDIVIDUALIZED EDUCATION PLANS (IEP) & INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP) INFORMATION SHEET**

Because of the diverse set of needs of the children in Beyond Basic Learning Academy, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. The Keystone STARS Performance Standards therefore require each early learning provider to request copies of IEP's and IFSP's for the children in their care. This request should be made as early as possible.

Because of the importance of the IEP/IFSP to a child's learning, we require a copy OF the IEP and IFSP before the child begins to attend.

The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA). Releases of information may also be required to speak to members of a child's treatment team. Professional development regarding privacy issues, and HIPAA in particular, is highly required by all of our staff personnel.

### **Parent Sign-off Sheet**

**Child's Name:** \_\_\_\_\_

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

- I am providing a copy of my child's IEP or IFSP.
- This is not applicable to my child.
- I am not providing a copy of my child's IEP or IFSP

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_



Beyond Basic Learning Academy Permission to Photograph



I,

\_\_\_\_\_  
(Parent or Guardian's name)

Give permission for

\_\_\_\_\_  
Beyond Basic Learning Academy LLC

\_\_\_\_\_  
(Name of childcare provider or facility)

To photograph my child,

\_\_\_\_\_  
(Child's name)

For the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display on daycare bulletin boards, show to current and prospective clients	x	
Display still photos on daycare website	x	
<b>Videos:</b>		
Show to current clients	x	
Show to perspective clients	x	

I understand that Beyond Basic Learning Academy displays photos to current and prospective clients. I understand that I will not be compensated for such photos or receive any royalties from the photos that are taken.

Signed:

\_\_\_\_\_  
(Parent or Guardian signature, and date)

## Beyond Basic Learning Academy

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, I may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, I will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, I will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior  
Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or other children, I will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

Additional techniques to be used with my child:  
  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Commented [AP1]:

**WAIVER OF LIABILITY HOLD HARMLESS**

**AGREEMENT FOR TRANSPORTATION OF MINOR BY ONE HELPING ANOTHER CHILD CARE**

Description of Activity:

Transporting students to and from \_\_\_\_\_ related activities by automobile by a staff member or hired transportation service/ affiliate **Beyond Basic Transportation/ Beyond Basic Corporation/Beyond Basic Learning Academy LLC** during the period of enrollment that this your child \_\_\_\_\_

Please read this form carefully. This waiver for your minor child/ward to be transported by automobile by a BBTPS member and any activities associated therewith you will be waiving your rights to all claims for injuries you and/or your minor child/ward might sustain arising out of being transported by automobile by a BBTPS staff member and you will be required to indemnify, hold harmless and defend The City of Philadelphia, Department of Human Services, and the insurance company covering BBTPS , and policy holder for any claims arising out of your minor child/ward being transported by automobile by a BBTPS staff member.

In consideration of my minor child/ward being allowed to be transported by automobile by a BBTPS Staff member, as the Parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are risks of physical injury associated with being transported by automobile by a BBTPS staff member. I

\_\_\_\_\_ agree to assume the full risk of injuries that may be sustained by any minor child/ward of mine, as a result of being transported by automobile by a BBTPS staff member and all activities connected or associated therewith. I agree to waive and relinquish all claims on behalf of my minor child/ward that the minor child/ward may have against The City of Philadelphia, Department of Human Services, and the insurance, and policy holder as a result of the minor child/ward's being transported by automobile by a BBTPS staff member.

I do hereby fully release and discharge The City of Philadelphia, Department of Human Services, and the insurance, and policy holder (April P.) and its officers, agents, and employees from all claims from injuries, damage, or loss which I, or any minor child/ward may have or which may occur to my minor child/ward on account of his/her being transported by automobile by a BBTPS staff member.

I further agree to indemnify and hold harmless and defend The City of Philadelphia, Department of Human Services, and the insurance, and policy holder, BBLA, BBC, BBTPS its officers, agents, and employees from all claims sustained by me or my minor child/ward, and arising out of, connected with, or in any way associated with being transported by automobile by a BBTPS staff member.

BEYOND BASIC TRANSPORTATION WAIVER

I do hereby fully release and discharge **Beyond Basic Transportation/ Beyond Basic Corporation/Beyond Basic Learning Academy LLC** of any claims associated with any claim, injuries, damages, or loss outside of the vehicle after being transported to and from the destination. I agree that while on the trip, door to door service, or any transportation if any injuries, loss, damages, or claims occur I agree to waive and relinquish all claims on behalf of my minor child/ward that the minor child/ward may have against The City of Philadelphia, Department of Human Services, and the insurance, and policy holder as a result of the minor child/ward's being transported by automobile by a OHACC staff member. I understand that under any circumstance involving the transportation of my minor's I am unable to hold **Beyond Basic Transportation/ Beyond Basic Corporation/Beyond Basic Learning Academy LLC** accountable for any injuries, loss, negligence, damages, or any claims.

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement. I have read and fully understand the above Waiver and Release of all claims.

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Name(s) of Minor

---

Printed Name of Parent/Legal Guardian (must attach parents driver's license/ identification)

---

Signature of Parent/Legal Guardian

Date

---

Signature of Client