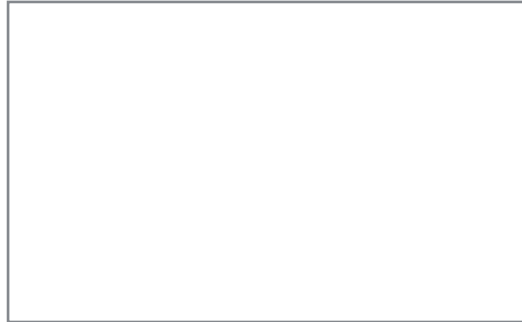




UNIVERSAL CHILDREN'S CREATIONS ART ACADEMY
501 (c) 3 NON PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION



SUPER GENIUS SCHOOL
PRE-ENROLLMENT
PACKAGE

2964 S BRONCO ST LAS VEGAS NEVADA 89146

PHONE: 702 785 2249 949 872 8993

FACE BOOK: <https://m.facebook.com/Universal-Chilrens-Creations-Art-Academy-162028284147398/>

YOUTUBE: [HTTPS://youtu.be/9yYRbijfogU](https://youtu.be/9yYRbijfogU)

WEBSITE: www.uccaalv.com

EMAIL: UCCAALV@GMAIL.COM



ENROLLMENT REGISTRATION FORM

STUDENT INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____
MALE ___ FEMALE ___ ADOPTED: YES ___ NO ___ LANGUAGES SPOKEN AT HOME _____
DATE OF BIRTH _____ TIME OF BIRTH _____ am; pm (please circle) NATURAL BIRTH ___ C-SECTION ___
ADDRESS _____ CITY, STATE, ZIP _____
HOME PHONE _____ CELL _____ FAX _____
EMAIL _____ FACE BOOK _____ OTHER MEDIA _____

FAMILY INFORMATION

MOTHER'S NAME &SS# _____ OCCUPATION _____
HOME ADDRESS _____
WORK PHONE _____ CELL PHONE _____
WORK ADDRESS _____
EMAIL ADDRESS _____ CELLPHONE CARRIER _____
MOTHER NATIONALITY _____ MARRIED ___ DIVORCED ___ SEPARATED ___ SINGLE ___
please attach copy of DL
FATHER'S NAME &SS# _____ OCCUPATION _____
HOME ADDRESS _____
WORK PHONE _____ CELL PHONE _____
WORK ADDRESS _____
EMAIL ADDRESS _____ CELLPHONE CARRIER _____
FATHER NATIONALITY _____ MARRIED ___ DIVORCED ___ SEPARATED ___ SINGLE ___
PREFERRED CONTACT NUMBER: MOTHER'S CELL _____, FATHER'S CELL _____, OTHER _____
please attach copy of DL

SCHEDULE OF ATTENDANCE

SERVICES OFFERED BELOW, PLEASE CHECK AND LIST:

SUPER GENIUS DAY PROGRAM (SGP): _____ SHORT DAY -1PM _____ FULL DAY - 4PM _____

AFTER SCHOOL PROGRAM: _____ PRIVATE LESSONS: _____

GROUP LESSONS: _____ NIGHT CARE PROGRAM: _____

MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY ___ FRIDAY ___ SATURDAY ___ SUNDAY ___

FAMILY SOCIAL, CULTURAL AND RELIGIOUS PRACTICES

DESCRIBE THE NATURE OF YOUR RELIGIOUS OBSERVANCE AT HOME: MOTHER'S _____

FATHER'S _____ DESCRIBE THE FAMILY FOOD FOR CERTAIN TIME OF THE YEAR OR
HOLIDAYS _____

DESCRIBE YOUR CULTURAL TRADITIONS _____

DESCRIBE YOUR FAMILY TRADITIONS _____

AS THE FAMILY WHAT YOU LIKE TO DO TOGETHER? _____

WOULD YOU LIKE TO BE PART AS FAMILY OF, PLEASE CHECK: TV SHOWS ____, FASHION SHOW
PRODUCTIONS ____, MARKETING PURPOSES ADV. ____, I.E.ETC... _____

GETTING TO KNOW YOUR GENIUS

NAME _____ NICKNAME(S) _____ BIRTHDAY _____

LIST WHO LIVES WITH THE GENIUS AND WHAT HE/SHE CALL THEM: _____

LIST THE LANGUAGES THAT YOUR GENIUS CAN UNDERSTAND _____

LIST THE LANGUAGES THAT YOUR GENIUS CAN COMMUNICATE IN _____

LIST THE LANGUAGES THAT YOU WOULD LIKE FOR YOUR GENIUS TO LEARN: _____

IS THIS YOUR GENIUS'S FIRST PRESCHOOL EXPERIENCE? YES _____ NO _____

HAS YOUR GENIUS HAD ANY OTHER GROUP EXPERIENCE? I.E. MOMMY AND ME, MUSIC CLASS, DANCE,

GYMNASTICS,ETC.? PLEASE LIST _____

ARE YOU DISCOVERED ANY OF YOUR GENIUS GENUINE TALENT: YES _____ DESCRIBE WHAT YOUR GENIUS LOVE TO DO _____

DESCRIBE YOUR GENIUS'S RELATIONSHIPS WITH OTHER CHILDREN. IS SHE/HE OUTGOING, SHY, AGGRESSIVE, DOMINEERING, COOPERATIVE, TALKATIVE, BUBBLY, OTHER? _____

WHAT TYPES OF PLAY AND LEARNING ACTIVITIES DOES YOUR GENIUS PREFER? I.E. DOLLS, BLOCKS, CARS,READING BOOKS, ART, CONSTRUCTION, LEGO, MUSIC, DANCING, ETC. _____

ARE THERE ANY FEARS THAT YOUR GENIUS HAS? I.E. LOUD VOLUMES, CERTAIN ANIMALS, INSECTS, WATER ETC. _____

ARE THERE ANY WORDS OR PHRASES THAT YOUR GENIUS USES OR REFERS TO THAT WE SHOULD KNOW ABOUT? _____

WHAT FOODS AND DRINKS DOES YOUR GENIUS LIKE? _____

WHAT FOODS AND DRINKS DOES YOUR GENIUS DISLIKE? _____

ARE THERE ANY EATING ISSUES THAT WE SHOULD BE AWARE OF? I.E. SLOW EATER, LIKES FOOD CUT UP, ETC. _____

ARE THERE ANY ISSUES THAT WE SHOULD BE AWARE OF WITH THE USE OF THE TOILET? _____

IS THERE ANYTHING ELSE THAT YOU WANT US TO KNOW ABOUT YOUR GENIUS THAT WOULD ALLOW US TO HELP HIM OR HER? _____

IS YOUR GENIUS HAS ANY SOCIAL STATUS; TV SHOWS, STAGE PRODUCTIONS, PRINCE/PRINCESS OF NEVADA OR OTHER STATE/CITY,? ETC.... _____

IS YOUR GENIUS HAS ANY TITLES OR AWARDS; BEST MODEL, BEST STUDENT, BEST DANCER? ETC... _____

TELL US ELSE THAT WE DON'T ASK AND YOU WOULD LIKE TO LET US KNOW ABOUT YOUR GENIUS. WE ARE SO EXCITED TO GET TO KNOW YOUR GENIUS _____



INFORMATION FORM

EMERGENCY CONTACT / PICK UP AUTHORIZATION INFORMATION

AIR FRESHENER, OILS DO TERRA AND PESTICIDE POLICY

UCCAA LV - UNIVERSAL CHILDREN’S CREATIONS ART ACADEMY, SUPER GENIUS SCHOOL 501 (C) 3 PUBLIC CHARITY EDUCATIONAL ORG./CENTER RESERVE THE RIGHT OF USE PROFESSIONAL PESTICIDE SERVICES WITHOUT GIVING FURTHER NOTICE . ALSO AIR FRESHENERS GOING TO BE USED LIKE FABREEZE ETC.

PERMISSION TO RELEASE INFORMATION / NOTIFICATION OF NRS.178

_____ INITIAL MOTHER _____ INTIAL FATHER

I UNDERSTAND THAT DURING THE TIME MY GENIUS IS ATTENDING UCCAA THE DIRECTOR MAY BE ASKED FOR INFORMATION REGARDING MY CHILD.

____ I HEREBY GIVE PERMISSION TO RELEASE INFORMATION OF OFFICIAL PERSONS ONLY, WHO IDENTIFY THEMSELVES, SUCH AS SCHOOLS, HEALTH CARE PERSONNEL, WELFARE OR OTHER GOVERNMENT OFFICIALS.

_____ INITIAL MOTHER _____ INTIAL FATHER

____ I DO NOT GIVE PERMISSION TO RELEASE INFORMATION ABOUT MY CHLD AS SET FORTH IN THE AFOREMENTIONED STATEMENT. I UNDERSTAND THAT THE BUREAU OF SERVICES FOR CHILD CARE (BSCC) HAS ACCESS TO MY CHILD’S RECORD AS THE LICENSING AGENT AND MAY VIEW THE RECORD UPON BSCC FACILITY INSPECTION.

_____ INITIAL MOTHER _____ INTIAL FATHER

I, _____, (PARENT/GUARDIAN) AM AWARE THAT I HAVE THE RIGHT TO REQUEST AND REVIEW ANY COMPLAINTS THE FACILITY HAS RECEIVED WITHIN LAST 12 MONTHS OF MY CHILD/CHILDREN’S ENROLLMENT.

_____ INITIAL MOTHER _____ INTIAL FATHER

AUTHORIZATIONS AND CONSENTS

IN THE EVENT THAT A PARENT OR GUARDIAN CANNOT BE REACHED , PLEASE CONTACT THE FOLLOWING INDIVIDUALS. PLEASE INDICATE IF THIS INDIVIDUAL IS AN EMERGENCY CONTACT AND/OR HAS AUTHORIZATION TO PICK UP YOUR CHILD FROM SCHOOL. **YOU MUST INDICATE AT LEAST TWO OF THE INDIVIDUALS BELOW AS EMERGENCY CONTACTS:**

NAME: _____ PHONE: _____ EMERGENCY CONTACT _____
RELATIONSHIP: _____ ADDRESS _____
PICK UP AUTHORIZATION _____ DL #, &PHOTO ID COPY FOR FILE _____

NAME: _____ PHONE: _____ EMERGENCY CONTACT _____
RELATIONSHIP: _____ ADDRESS _____
PICK UP AUTHORIZATION _____ DL #, &PHOTO ID COPY FOR FILE _____

NAME: _____ PHONE: _____ EMERGENCY CONTACT _____
RELATIONSHIP: _____ ADDRESS _____
PICK UP AUTHORIZATION _____ DL #, &PHOTO ID COPY FOR FILE _____

IN THE EVENT THAT NEITHER PARENT NOR THE EMERGENCY CONTACTS CAN BE REACHED, UCCLA LV HAS MY PERMISSION TO RENDER ANY NECESSARY FIRST-AID OR TO SECURE CARE BY A PHYSICIAN, AT MY EXPENSE, TO MY CHILD WHILE ATTENDING A SCHOOL.

_____ INITIAL MOTHER _____ INTIAL FATHER

_____ I HEREBY GIVE PERMISSION FOR THE STAFF AT UCCLA LV TO APPLY SUNSCREEN PRODUCT

_____ I DO NOT GIVE PERMISSION FOR THE STAFF AT UCCLA LV TO APPLY SUNSCREEN PRODUCT

_____ INITIAL MOTHER _____ INTIAL FATHER

_____ I HEREBY GIVE PERMISSION FOR MY CHILD TO BE TAKEN ON ALL SCHOOL OUTINGS.

_____ I DO NOT GIVE PERMISSION FOR MY CHILD TO BE TAKEN ON ALL SCHOOL OUTINGS.

_____ INITIAL MOTHER _____ INTIAL FATHER

_____ I HEREBY GIVE PERMISSION FOR MY CHILD TO BE TAKEN PICTURES OF HER OR HIM

_____ I DO NOT GIVE PERMISSION FOR MY CHILD TO BE TAKEN PICTURES OF HER OR HIM

UCCAA LV SUPER GENIUS SCHOOL

MEDICAL INFORMATION FORM

(MUST BE FILLED OUT BY A MEDICAL DOCTOR)

_____ INITIAL MOTHER _____ INTIAL FATHER

_____ I HEREBY GIVE PERMISSION FOR MY CHILD TO BE TAKEN VIDEOS OF HER OR HIM

_____ I DO NOT GIVE PERMISSION FOR MY CHILD TO BE TAKEN VIDEOS OF HER OR HIM

_____ INITIAL MOTHER _____ INTIAL FATHER

_____ I HEREBY GIVE PERMISSION FOR MY CHILD TO BE PART OF TV SHOWS OR ANY PRODUCTION

_____ I DO NOT GIVE PERMISSION FOR MY CHILD TO BE PART OF TV SHOWS OR ANY PRODUCTION

_____ INITIAL MOTHER _____ INTIAL FATHER

_____ I HEREBY GIVE PERMISSION FOR MY CHILD APPEAR ON SOCIAL MEDIA SUCH AS FACE BOOK ETC.

_____ I DO NOT GIVE PERMISSION FOR MY CHILD APPEAR ON SOCIAL MEDIA SUCH AS FACE BOOK ETC.

_____ INITIAL MOTHER _____ INTIAL FATHER

SHOULD ANY ACCIDENT OCCUR WHILE MY CHILD IS AWAY FROM THE FACILITY ON THE AFOREMENTIONED TRIP, I SHALL NOT HOLD THE CHILD'S CARETAKER, MEMBER OF THE FACILITY, AND ITS EMPLOYEES, NO ANY PARTICIPATING ADULT RESPONSIBLE.

SHOULD ANY ACCIDENT OCCUR WHILE MY CHILD IN THE 24/7 MONITORED FACILITY , I SHALL NOT HOLD THE CHILD'S CARETAKER, MEMBER OF THE FACILITY, AND ITS EMPLOYEES, NO ANY PARTICIPATING ADULT RESPONSIBLE.

PLEASE LET US KNOW EVERYTHING REGARDS TO YOUR CHILD THAT WOULD HELP US BETTER SERVE YOU AND YOUR GENIUS _____

SIGNATURE OF PARENT(S) OR GUARDIAN(S):

MOTHER _____

FATHER _____

GENIUS NAME _____ DATE OF BIRTH _____

FAMILY DOCTOR _____ PHONE _____

HEALTH INSURANCE COMPANY _____ POLICY NUMBER _____

PREVIOUS ILLNESSES _____ **YEAR OF ILLNESS**

ASTHMA, HIVES, ECZEMA _____

CHICKEN POX _____

DIABETES _____

EAR INFECTIONS _____

EPILEPSY _____

GERMAN MEASLES _____

MEASLES _____

MUMPS _____

RHEUMATIC FEVER _____

SCARLET FEVER _____

TONSILLITIS _____

WHOOPING COUGH _____

FOOD AND/OR DRUG ALLERGIES: _____

IS THIS CHILD CURRENTLY TAKING PRESCRIBED MEDICATION? YES _____ NO _____

IF YES, PLEASE LIST THE MEDICATIONS AND THE REASON FOR TAKING _____

IS THERE ANY REASON THAT THIS CHILD CANNOT BE IMMUNIZED? _____

OPERATIONS OR HOSPITALIZATIONS: _____

ARE THERE ANY PROBLEMS THAT RESTRICT THIS GENIUS'S ACTIVITIES? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

DOES THIS CHILD HAVE ANY SPECIAL PROBLEMS OR CONDITIONS WHICH THIS SCHOOL WOULD BE UNABLE TO HANDLE? YES _____ NO _____ IF YES , PLEASE EXPLAIN: _____

RESULTS OF EXAMINATION: _____

SIGNATURE OF PHYSICIAN OR HEALTH AGENCY REPRESENTATIVE _____

DATE OF PRE-ADMISSION PHYSICAL EXAM: _____



UCCAA LV - UNIVERSAL CHILDREN'S CREATIONS ART ACADEMY LAS VEGAS
SUPER GENIUS SCHOOL

501 (C) 3 PUBLIC CHARITY NON PROFIT EDUCATIONAL ORGANIZATION/CENTER

GENIUS/STUDENT ENROLLMENT CONTRACT

REGISTRATION

THE UNDERSIGNED PARENT(S) OR GUARDIAN(S) (HEREINAFTER "PARENTS") HEREBY ENROLL THE FOLLOWING STUDENT(S) IN UCCAA LV SUPER GENIUS SCHOOL (HEREINAFTER "SUPER GENIUS SCHOOL"). PARENTS ENCLOSE \$250.00 PER CHILD AS A NON-REFUNDABLE, NON-TRANSFERABLE APPLICATION/REGISTRATION FEE IN ORDER TO SECURE YOUR CHILD'S PLACE IN UCCAA LV SUPER GENIUS SCHOOL. REGISTRATION IS SUBJECT TO REFUND IF FINANCIAL AID APPLIES TO YOU AND IS NOT APPROVED.

NAME OF THE GENIUS STUDENT _____ BIRTHDAY OF THE GENIUS _____

TUITION

TUITION FOR THE SCHOOL YEAR (2016 - 2017) IS \$ _____ (HEREINAFTER "TUITION") SEE THE TUITION FEE SCHEDULE. OFFICIAL COST FOR EACH GENIUS TO BE STUDENT OF UCCAA LV SUPER GENIUS SCHOOL FOR THE SCHOOL YEAR (2016 - 2017) IS \$ 15,000 (HEREINAFTER "TUITION"). UCCAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/CENTER SUBSTITUTES EACH GENIUS \$3,000 FOR THE SCHOOL YEAR (2016 - 2017) (HEREINAFTER "TUITION") YEAR, PARENTS PAY ONLY \$12,000 FOR THE SCHOOL YEAR (2016 - 2017) (HEREINAFTER "TUITION") YEAR, WHICH IS \$60.00 A DAY INSTEAD OF \$75.00 A DAY. FINANCIAL AID IS AVAILABLE BASED ON ELIGIBILITY.

PAYMENT OPTIONS

UCCAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/CENTER OFFERS FOUR OPTIONS FOR PAYMENT OF TUITION. THE FOUR PAYMENT PLANS ARE SHOWN BELOW. THE PARENTS UNDERSTAND AND AGREE THAT IF ANY PAYMENT OF THE SELECTED PLAN IS DELINQUENT, AN ADDITIONAL FINANCE CHARGE OF 1% PER MONTH WILL BE INCURRED AND SHALL BE PAYABLE BY PARENTS IMMEDIATELY UPON DEMAND BY UCCAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/CENTER.

CHOOSE ONE OF THE FOUR PAYMENT PLANS:

A.

A. _____ ONE PAYMENT PLAN: PARENTS AGREE TO PAY TUITION IN FULL IN ONE PAYMENT DUE BEFORE AUGUST 30, 2016. AND GET DISCOUNT. _____

B. _____ THREE PAYMENT PLAN: PARENTS AGREE TO PAY TUITION IN THREE EQUAL PAYMENTS, THE FIRST PAYMENT DUE BEFORE AUGUST 30, 2016. THE SECOND PAYMENT DUE ON DECEMBER 1, 2016. AND THE FINAL PAYMENT DUE MARCH 1, 2017. _____

C. _____ MONTHLY PAYMENT PLAN: PARENTS AGREE TO PAY TUITION IN 10 EQUAL PAYMENTS BY PROVIDING UCCAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/CENTER WITH 10 POST -DATED CHECKS, , ONE PER MONTH, STARTING ON AUGUST 30, 2016.

D. _____ MONTHLY PAYMENT PLAN BY CREDIT CARD: PARENTS AGREE TO PAY TUITION IN 10 EQUAL PAYMENTS BY PROVIDING UCCAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/CENTER WITH A VALID CREDIT CARD NUMBER TO BE CHARGED ON 30TH OF EACH MONTH.

CREDIT CARD # _____ EXP. DATE: _____ CVV#: _____

BILLING ADDRESS _____
street address city state zip code

PAYMENT OF TUITION AND ADDITIONAL COSTS

PARENTS AGREE TO MAKE ALL TUITION PAYMENTS REQUIRED BY THE SELECTED PAY PLAN. PARENTS FURTHER AGREE THAT SHOULD ANY OF THE PAYMENTS NOT BE MADE ON OR BEFORE THE DUE DATE SPECIFIED IN PAYMENT PLAN. UCCAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/CENTER MAY, AT UCCAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/CENTER' SOLE AND ABSOLUTE OPTION, CANCEL THE CHILD'S PLACE AND PROHIBIT THE CHILD FROM CONTINUED ATTENDANCE AT UCCAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/CENTER . PARENTS UNDERSTAND THAT THE OBLIGATION TO PAY ALL AMOUNTS IN FULL IS A JOINT OBLIGATION OF THE PARENTS AND/OR GUARDIANS OF THE STUDENT WHO SIGN THIS CONTRACT. THE OBLIGATION IS UNCONDITIONAL AND **NO PORTION OF ANY SUCH AMOUNTS DESIGNATED IN THIS CONTRACT WILL BE REFUNDED** OR CANCELED BECAUSE OF ABSENCES, HOLIDAYS, VACATIONS, WITHDRAWAL OR EXPULSION EXCEPT AS SET FORTH IN THIS CONTRACT.

A.

UCCAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/
CENTER 24/7 MONITORED FACILITY HAS ADDITIONAL COST INVOLVED WITH SERVING AND PRODUCING
PASSWORDS IF YOU LIKE TO SEE YOUR CHILD ANY TIME YOU WANT . ASSESSED MONTHLY FEES ARE\$25.00

WOULD YOU LIKE TO USE THIS SERVICE YES _____ NO _____

MOTHER SIGNATURE _____ FATHER SIGNATURE _____

LATE PICK UP \$5.00 IN HOUR, IF NO CALL NO SHOW AFTER 2 HOURS \$1.00 IN MINUTE

MOTHER SIGNATURE _____

FATHER SIGNATURE _____

CANCELLATION AND WITHDRAWAL OF STUDENT

PARENTS GIVING WRITTEN NOTICE OF CANCELLATION TO UCCAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON
PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/CENTER 30 DAYS BEFORE ACTUAL CANCELLATION
DAY. IF SUCH CANCELLATION NOTICE IS RECEIVED, PARENTS AGREE TO PAY THIS MONTH OF TUITION.
REGISTRATION FEE OF \$250 IS NOT REFUNDABLE. IF CHILD IS SICK , WE NEED DOCTOR NOTICE FOR THAT
DAY.

PARENTS UNDERSTAND THAT IF, AFTER ASSESSMENT AND EVALUATION, IT IS DETERMINED, IN THE SOLE
AND ABSOLUTE DISCRETION OF THE ADMINISTRATION OF UCCAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON
PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/CENTER, THAT THE SCHOLASTIC AND/OR
BEHAVIORAL NEEDS OF ANY STUDENT CANNOT BE MET BY THE SCHOOL, THE ADMINISTRATION HAS THE
RIGHT TO REQUIRE THAT SUCH STUDENT BE WITHDRAWN FROM THE SCHOOL.

UCCAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/
CENTER RESERVES THE RIGHT TO REQUEST THE IMMEDIATE WITHDRAWAL OF A CHILD BASED ON THE
FOLLOWING:

- * EXCESSIVE DELINQUENCY IN TUITION PAYMENTS (INCLUDE 5% LATE FEE PENALTIES)
- * IF A CHILD'S SPECIFIC AND UNIQUE NEDS MAY NOT BE MET BY THE FACULTY.
- * IF THE CHILD, PARENT(S)/ LEGAL GUARDIAN(S) POSE ANY THREAT TO THE SAFETY AND WELL-BEING OF
THE OTHER CHILDREN OR STAFF MEMBERS.

MOTHER SIGNATURE _____ FATHER SIGNATURE _____

CHECK EVERYTHING THAT YOU WANT YOUR CHILD TO DO:

FOUR LANGUAGES: ENGLISH_____, SPANISH_____, RUSSIAN_____, SIGN LANGUAGE_____

MATH: **1000** + SYSTEM_____, SUPER GENIUS SCHOOL NEW WAY OF MATH_____ ABEKA_____

IN MATH CLASSES WE ALSO LEARNING HOW TO COUNT/READ MUSIC: “MATH + MUSIC=HARMONY”
AND LEARNING HOW TO PLAY MUSICAL INSTRUMENTS.

WRITING SKILLS: INTERNATIONAL _____, SUPER GENIUS SCHOOL NEW WAY OF LOVE WRITING _____

IN WRITING CLASSES WE IMPLEMENT A LOT OF ART PROJECTS, CROCHET, SCULPTURE, VIVING ETC..

SPELLING SKILLS: SUPER GENIUS SPELLING GAMES, PUZZLES, ETC.._____

READING SKILLS: “SUPER GENIUS SCHOOL NEW WAY OF LOVE TO LEARN TO READ” _____

PLAY AND LEARN STYLE. PUPPET THEATRE WITH 6 CHARACTERS PARTICIPATING IN PROCESS OF
EDUCATION. PHYSICAL EDUCATION : YOGA, BALLET, GYMNASTIC ETC. HIGH ETIQUETTE, NOT TOUCH
POLICY, FULL RESPECT TO OTHER GENIUSES AND STAFF.

**TV SHOW “KIDS R FIRST” PART OF SUPER GENIUS CURRICULUM AND WOULD BE FILMED LIVE AT LEAST
ONCE A WEEK, _____ “VG” FASHION SHOWS WOULD BE FILMED TWICE A YEAR. _____**

WHAT ELSE YOU AS PARENTS WOULD YOU LIKE YOU GENIUS TO LEARN?

ATTORNEYS FEES, RIGHTS AND REMEDIES

UCCAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/
CENTER. PARENTS SHALL PAY ANY AND ALL COST AND EXPENSES INCLUDING ACTUAL ATTORNEY FEES AND
COSTS INCURRED IN THE COLLECTION OF ANY OF THE AMOUNTS DUE HEREIN OR THE ENFORCEMENT OF
ANY OF PROVISIONS HERE OF.

A.

PARENTS UNDERSTANDS THAT UCCLAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/CENTER RESERVES ALL RIGHTS AND REMEDIES UNDER THE LAW REGARDING PAYMENTS AND AMOUNTS DUE UNDER THIS CONTRACT, INCLUDING THE RIGHT OF OFFSET AGAINST MONIES AND AMOUNTS DUE TO PARENTS. UCCLAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/CENTER' RIGHT OF OFFSET INCLUDES ALL SUMSS DUE ON ANY PRIOR OR CURRENT CONTRACTS SIGNED BY ANY OF THE UNDERSIGNED AND SUPERSEDES THE RESCISSION AND REFUND RIGHTS SET FORTH HEREIN.

IF YOU NEED FINANCIAL AID THAN FEEL THE NEXT PAGE 15

PARENTS HAVE READ THIS CONTRACT AND AGREE TO BE BOUND BY ALL OF THE TERMS, CONDITIONS, AND PROVISIONS SET FORTH HEREIN

CHILD ABUSE POLICY

IN ACCORDANCE WITH THE STANDARDS FOR CHILD CARE FACILITIES AND CLARK COUNTY CODE 6.16, EVERY EMPLOYEE OF UCCLAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/CENTER IS REQUIRED BYLAW TO REPORT ANY SUSPECTED INSTANCE OF CHILD ABUSE TO A CHILD PROTECTIVE AGENCY IMMEDIATELY AS SOON AS PRACTICALLY POSSIBLE. WRITTEN REPORT MUST BE WRITTEN WITH THE SAME AGENCY.

UCCLAA LV SUPER GENIUS SCHOOL 501 (C) 3 NON PROFIT PUBLIC CHARITY EDUCATIONAL ORGANIZATION/ CENTER RESERVES THE RIGHT TO QUESTION PARENT(S)/ LEGAL GUARDIAN(S) REGARDING CUTS, SCRATCHES, BRUISES, BITES, LUMPS, OTHER PHYSICAL INJURIES OR SUDDEN EMOTIONAL DISTRESS INVOLVING THEIR CHILD TO ENABLE THE SCHOOL TO COMPLY WITH THE ABOVE STATED LAW.

FINANCIAL AID APPLICATION

UCCAA LV UNIVERSAL CHILDREN'S CREATIONS ART ACADEMY

SUPER GENIUS SCHOOL 501 (C) 3 NON PROFIT PUBLIC CHARITY

EDUCATIONAL ORGANIZATION/CENTER

NAME OF GENIUS/STUDENT _____ DATE OF BIRTH _____

GENIUS/STUDENT ADDRESS _____

EXPLAIN YOUR FINANCIAL DIFFICULTIES _____

HOW MANY LANGUAGES YOUR CHILD COULD COMPREHEND AND COMMUNICATE IN _____

ANY SOCIAL PUBLIC SOCIAL STATUS OF GENIUS/STUDENT _____

WHAT IS DIFFERENT ABOUT YOUR GENIUS/STUDENT? GIVE US A STORY _____

HOW MUCH YOU COULD AFFORD TO PAY FOR A STUDY DAY IN UCCAA LV (\$60.00)? \$ _____

IF YOUR SPONSOR OR DONOR WOULD REQUEST FINANCIAL DOCUMENTS SUCH AS: BANK STATEMENTS, TAXES FOR LAST 2 YEARS AND ETC., ARE YOU WILLING TO PROVIDE SUCH DOCUMENTS TO PROVE YOUR ELIGIBILITY FOR FINANCIAL AID? YES _____ NO _____

A.

MOTHER SIGNATURE _____

FATHER SIGNATURE _____

LATE PICK UP \$5.00 IN HOUR, IF NO CALL NO SHOW AFTER 2 HOURS \$1.00 IN MINUTE

MOTHER SIGNATURE _____

FATHER SIGNATURE _____

PARENTS HAND BOOK