

San Francisco, December 15, 2018.

Dear Parents,

Welcome to IBEC- Instituto Brasil de Educação e Cultura. Please, see attached documents for the registration of your child/children in the Portuguese classes.

**CLASSES:** Once a week, for two hours, on Saturdays, from 9:30 to 11:30 AM.

**SEMESTER:** January 5 through June 15, 2019.

**LOCATIONS:**

**IBEC East Bay**

1319 Solano Avenue (Church on the Corner)  
Albany CA 94706

**IBEC San Francisco**

2690 Ocean Ave (Unity Spiritual Center of San Francisco)  
San Francisco CA 94132

**ATTENTION: We need a minimum of 15 children enrolled in each location so that it is viable.**

**TUITION: Please, check one option.**

( ) **MONTHLY TUITION** - \$140.00/month for one child and \$120.00/month (per child) for siblings. Payments are due by the 5th of each month, from January through June 2019. There are no prorate or reimbursements of any amount paid.

( ) **FULL SEMESTER IN ADVANCE** - If you prefer to pay for the full semester in advance (January to June), we offer a \$65 discount and the total amount will be \$775 (one child in the family) / \$655.00 (each sibling).

**NEW STUDENTS ONLY - ANNUAL INSURANCE** – Please add \$25.00 to the first month's tuition. It is not necessary to add this amount to the following months (expires at the end of the semester).

**ENROLLMENT** - Please fill out all the forms, sign, and send to: **5917 Fresno Ave, Richmond CA 94804**, accompanied by a check payable to IBEC (starting on the second payment, please add a note with the names of the **children** and the location where they go). You can also use PayPal on the website and mail the forms to IBEC (same address above). **Payments are due by the 5<sup>th</sup> of each month.** There are no prorate or reimbursements of any amount paid.

**GRACE PERIOD** - You have a two-week grace period. If you decide your child is no longer to continue in the Portuguese classes at IBEC, you must communicate it to IBEC via E-MAIL (info@ibec-ca.org) until the Monday immediately following the second Saturday of classes, according your child's enrollment, without any further dues to IBEC. If your child drops off after two weeks of class and you do not send us an email, as described above, you owe the monthly tuition until the end of the semester.

**PARENTS ROTATION** – If necessary, we will ask parents to participate in a rotation in support for the classes.

## Application

(One per student)

( ) East Bay

( ) San Francisco

### Student Information

Name: \_\_\_\_\_

Date of Birth (please, write in full): \_\_\_\_\_ School grade \_\_\_\_\_

City, State and Country of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ County: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Cell: \_\_\_\_\_

Does the student have any special needs? ( ) NO ( ) YES - Please, specify: \_\_\_\_\_

Does the student have any kind of allergy? ( ) NO ( ) YES - Please, specify: \_\_\_\_\_

Does the student take any medication? ( ) NO ( ) YES - Please, specify: \_\_\_\_\_

If other medication, please, specify \_\_\_\_\_

What is the name of your child's doctor? \_\_\_\_\_ phone: \_\_\_\_\_

Address and phone number of your hospital or clinic: \_\_\_\_\_

**In case of emergency:** Please provide the name(s) of people to be contacted, their phone number and degree of relationship:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please provide any important information about the student you deem necessary.

\_\_\_\_\_  
\_\_\_\_\_

I authorize you to send me information about:

( ) Projeto Contadores de Estórias (storytelling program for **children**)

( ) IBEC's events (classes, summer camp, outings, events, *fundraisings* and more)

( ) Events of interest (classes, seminars, trainings, meetings and others)

I declare that all information provided above is true and that I received, read, and signed (when necessary) other documents to be registered at IBEC, such as discipline rules, waiver of responsibility and contract, and I accept the content of these documents, which constitute a legal contract between the parties.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

## Terms of Service

**Read carefully, complete, date, and sign the necessary fields – one per student**

\_\_\_\_\_ (student's name) is committed for the full semester (January through June 2019) in the following IBEC location:    (    ) East Bay                      (    ) San Francisco

I am committed to paying the monthly tuition of \$ \_\_\_\_\_, from January through June 2019 (unless I have chosen to pay for the full semester in advance and checked the appropriate option on the first page. In this case, I am paying the following amount, for the full semester: \_\_\_\_\_). The tuition is established by IBEC to cover operation costs such as teachers' payment, rent, utilities, supplies, etc.

I am aware that there will be no refund of any amount paid, in full or in part, in any circumstance; as I am aware that the amount due is never going to be prorated in the months with more or fewer classes. I am also aware that after the first *two* classes (grace period), if I decide that my child is no longer to continue in the Portuguese classes, I am still responsible for the monthly payments until the end of the semester. However, if I decide that my child is no longer to continue in the Portuguese classes, I am aware that I have a two-class grace period, and I also understand that I must communicate my decision to IBEC in written format via e-mail (info@ibec-ca.org) until the Monday immediately following the second Saturday of classes, according to my child's enrollment date, so I am not obliged to pay tuition for the whole semester (or, if I have paid for the full semester or year in advance, so I have a reimbursement - deducted the equivalent of one month tuition); otherwise, as stated before, I am obliged to pay the tuition until the end of the semester, and if the semester has been paid in full, no reimbursement will be made.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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## **RULES OF DISCIPLINE**

At IBEC, we believe that **children** learn to behave following examples. When they are at school, **children** tend to imitate the behavior of their teachers and colleagues. In the family atmosphere, they imitate their parents, siblings, and others who frequent your house. At IBEC, we have a firm commitment to providing **children** with tools that will help them develop self-discipline inside and outside the school. They are induced to understand the consequences that their actions have on others, they are taught to respect their neighbors and, finally, they are encouraged to find solutions to their own problems, always with the help of their teachers.

1. We will not accept any behavior that results in the student getting hurt or hurting another student;
2. We will not allow the destruction of any property of others, whether of the school or of another student;
3. We will not allow the use of inappropriate language;
4. We will not allow games of a violent nature, for example, imitation of "Power Rangers".
5. We will not tolerate bullying of any kind.

We will take the following steps to correct any inappropriate behavior:

1. Redirecting – We will try to distract the attention from the student's inappropriate behavior taking he/she to another activity that is appropriate;
2. Ignoring - If the negative behavior is trivial, we believe this will stop if ignored;

3. Explaining the consequences of behavior - Sitting or kneeling at the height of the student, explaining the consequences of negative behavior with words the student can understand;
4. Giving your child tools to solve their problem - helping the student to verbalize their frustration. We believe that once the student can express their feelings, it will help develop the skills necessary to solve their problems;
5. Offering options - Instead of telling the student what not to do, we will give suggestions on what he/she can do. For example, instead of saying, "Do not throw the cubes," we can say, "How can you use the cubes to build something?"
6. Making use of simple reminders - Instead of giving a long explanation on the inappropriate behavior, we can say, "This is not safe. Please put your feet on the ground." We may also use one-word sentences. If the student is running in the classroom, for example, the teacher might simply say, "Walk!"

The following practices will not be used under any circumstances:

Improper use of physical touch, humiliation, intimidation, threats, physical or mental abuse, or interference with the student's physiological functions such as eating, sleeping or using the toilet.

If the unacceptable behavior continues, compromising the healthy environment that we provide to all our students, the teacher will inform the directors. A written note will be saved in the student's folder. Parents will be informed and may attend a meeting at school in order to help the student to correct his/her inappropriate behavior. If the inappropriate behavior continues, IBEC directors may appoint a qualified professional help, if any.

IBEC also reserves the right to dismiss any student from the program if, in the opinion of its members:

1. The student's needs can no longer be met by the school;
2. The student is a threat to the safety of other **children** or themselves;
3. The student's negative behavior continues to hamper the program.
4. The student's behavior is considered bullying by a reasonable person.

I AGREE - Name: \_\_\_\_\_

Signature: \_\_\_\_\_

#### **WAIVER OF RESPONSIBILITY/LEGAL CONSENT FORM**

**One per family. Please list all children under your responsibility at the end of this waiver.**

In order to participate in the classes promoted by IBEC- Instituto Brasil de Educação e Cultura at rented facilities, you must read and complete this 'Waiver of Responsibility/Legal Consent Form' in its entirety. This document covers you and your **children**, or the **children** under your responsibility.

I, the undersigned, understand that IBEC- Instituto Brasil de Educação e Cultura has taken all reasonable steps to minimize all risks to the participants in its classes and events, but is unable to completely guarantee that no injury or other harm will come to me, my **children** or my possessions. Participation in the classes involves taking certain risks, some of which are directly related to performing hands-on activities. These risks include, but are not limited to, a slip or fall, injury occurring while engaged in experiments, injury occurring from physical exertion, or the occurrence of some other unforeseeable accident.

I further understand that there is a risk of injury from other participants and that it is my responsibility to notify a staff member if I see a participant behaving in an unsafe manner. I fully understand and accept these risks associated with participation in these events. I also hereby agree to hold harmless and make no claim of any description including claims, actions, suits, procedures, costs, expenses, damages and liabilities against IBEC- Instituto Brasil de Educação e Cultura and its members or its officers, the facilities operators, and the site owners for any loss or damages suffered in the course of my participation or my **children's** participation.

I understand that this release will be binding upon myself, my estate, my heirs, representatives and assignees. I further confirm that I understand that typical physical activities during classes can involve little risks, and I am/my **children** are in good physical health and do not suffer from any heart condition or other ailment or physical disability that would inhibit my ability/my **children's** ability to participate in the classes or place me/them in undue health jeopardy. I understand that IBEC- Instituto Brasil de Educação e Cultura will attempt to understand and work with the needs of disabled individuals and that it is not necessary for me, my **children**, or the **children** under my responsibility to engage in any activity other than regular classroom activities if they do not desire to do so. If I, my **children**, or the **children** under my responsibility have any medical condition or require prescription drugs I will notify staff of this, and it is my responsibility to assure these conditions are fulfilled.

I agree to be fully bound by the rules concerning safety and protection set forth by IBEC and the facilities operators and/or owners. In particular, I agree to follow all the rules of safety as described by IBEC's staff and to avoid physical contact with any other participant other than the reasonable playful contact. Additionally, I agree not to use illegal drugs or alcohol at or close to the classrooms or facilities, nor will I bring illegal drugs or alcohol to the facilities. I will also not leave the facilities to use or obtain illegal drugs or alcohol.

I grant permission to IBEC- Instituto Brasil de Educação e Cultura to use any photographs or videos of me and my **children**, or the **children** under my responsibility, taken at classes, events or functions for inclusion in their media, including but not limited to the Internet, television, advertising or other promotional media. **(If you grant permission, please initial here \_\_\_\_\_)**

I have read this Waiver of Responsibility/Legal Consent Form carefully, and understand that by signing this form I agree on behalf of myself, my estate, my heirs, representatives and assignees not to sue or seek other legal actions against IBEC-Instituto Brasil de Educação e Cultura, its members or its officers, the facility operators and the site owners or any of the insurers of the aforementioned parties for any loss or damages suffered in the course of our activities, including injury or death.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Names and ages of children under my responsibility (please, print):**

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