

**ENROLLMENT AGREEMENT  
FOR:**

**BRAVEHEART ACADEMY, INC.**  
***Aka, B.A.I***

*Email-* [richard@braveheartyouth.com](mailto:richard@braveheartyouth.com)

*Website-* [www.braveheartyouth.com](http://www.braveheartyouth.com)

*Phone-* (386)855-1865

# Braveheart Academy, Inc.,

## ENROLLMENT AGREEMENT

**THIS ENROLLMENT AGREEMENT**, by and between the Braveheart Academy, Inc., aka B.A.I., a specialty Program located in Morriston, Florida (hereinafter "the School/Program"), also \_\_\_\_\_ and \_\_\_\_\_ (hereinafter the "Sponsors"), is made in consideration of the following mutual promises and covenants of the parties set forth in this Agreement:

**1. SPONSORS.** The Sponsors affirm that they are the legal guardian (having both legal and physical custody) of \_\_\_\_\_, (hereinafter the "student"), whose birth date is \_\_\_\_\_, and that Sponsors expressly desire to contract for enrollment of the student in the School/Program according to the terms of this Agreement.

**2. ENROLLMENT.** The Sponsors acknowledge that they have had the opportunity to have any and all of their questions answered by representatives of the School/Program. Sponsors hereby enroll the student and upon the completion of this Agreement and acceptance by the School/Program; the School/Program promises under the conditions and limitations specified in this agreement, i.e. Items 1-35 to undertake and provide the following services:

- a. Room and Board;
- b. Behavior Modification;
- c. Supervision;
- d. Academic Programs;

Sponsors understand and agree that the School/Program will make changes in staffing, School/Program content, and services at their sole discretion. Therefore, the School/Program does not accept responsibility for services written in sales material or brochures as such materials may be outdated or may become outdated as changes occur during the admittance period. The School/Program also does not accept responsibility for any services represented orally by any of its School/Program staff or public relations personnel; as any perceived oral representations can be a result of an honest misunderstanding. **It is further understood and agreed that the School/Program only takes responsibility for the services written in this agreement under the conditions and limitations specified in Items 1-35.** The Sponsors also understand and agree that the School/Program makes no promise in terms of outcome or results.

Sponsors understand and agree that the business "**B.A.I.**" **has sole responsibility for the performance of this contract and the general care and well-being of the student.** Therefore, the **Sponsors agree to hold harmless and release from liability or damages any person or persons, agency, organization, or program that has referred the Sponsor to B.A.I. Sponsor further agrees to hold harmless and release from liability or damages any person or persons, organization, or businesses that provide contract services to the School/ Program.** The Sponsors understand and agree that "Braveheart Academy, Inc.," takes sole responsibility for the performance of this contract and the general care and well-being of the student.

**Contract Period.** This agreement is for a minimum period of six to twelve (6-12) months, beginning \_\_\_\_\_ . After the initial contract, the agreement will automatically renew from month-to-month until the Sponsor gives sixty (60) days' written notice of termination.

**\*\*NOTE: Sponsors should understand that the School/Program has best results when students are enrolled for a period of 12 months. Accordingly, the success of a student may depend on an extended enrollment of longer than twelve months.**

**4. SPONSORS' CONSENT TO STUDENT'S PARTICIPATION IN ENTIRE SCHOOL/PROGRAM.** Sponsors give their consent for the student to participate in all School/Programs and activities of the School/Program, including, but not limited to, activities, work assignments, grounds beautification projects, fitness programs, and field trips. It is also understood that critical to the success of B.A.I. is the 'basic training' status of the student. Sponsors understand and agree that if at any time the School/Program sees fit due to negative behavior, the student may be placed back into the beginning level of 'basic training,' which would include, but is not limited to a military type environment from which student would have to regain resident status.

**5. TUITION.** Sponsors agree to pay to the School/Program \$4,800.00 (dollars) per month. Upon admission Sponsors agree to pay a non-refundable payment of \$6,000.00 which includes the first month's payment equaling thirty days in advance, and a one-time processing fee of \$2,200.00, (dollars). Each monthly payment thereafter shall be paid in advance and due by the fifth (5) of the month. Any student coming in after the fifth (5) of the month will be prorated at \$160.00 per day and will be due by the fifth (5) of the following month. Your student's monthly fee will be due on or before the fifth (5) day of each month and shall be payable to THE BRAVEHEART ACADEMY, INC. Should a credit card be used to make monthly tuition fees, Sponsors agree and understand that they will be assessed a 5.0% increase in the monthly tuition fee.

The Program/school will only hold a student for 7 days without pre-payment. After payment is late 5 days, arrangements will be made to return student home to Sponsor. Travel arrangement costs and a 60-day early termination fee equal to one month of student's tuition will come into effect. A \$250.00 fee shall be assessed for every returned check.

The fee schedule remains as stated above throughout the entire course of the child's enrollment in the Braveheart Academy, Inc.,. Monthly payments do not adjust to the student's status in the School/Program nor the services offered.

The monthly payments do not reflect the exact number of days the student will be or is in residence at the School/Program in any given month. **THERE ARE NO FEE ADJUSTMENTS OR REDUCTIONS FOR ANY DAYS OR PERIODS IN WHICH THE STUDENT IS NOT PHYSICALLY PRESENT AT THE SCHOOL/PROGRAM,** whether or not the student's absence is authorized by either Sponsors or the School/Program.

**6. PERSONAL INCIDENTAL COSTS AND EXPENSES.**

In addition to monthly tuition, the Sponsor's agree to pay for the following expenses incurred by the student; such expense will be billed to Sponsors monthly bill as they occur:

- A. Medical, dental, orthodontic, optical, urinalysis, medications, lab work, etc.
- B. Unrelated transportation to or from the School/Program for any reason
- C. Clothing & Uniforms
- D. Haircuts, etc.
- E. Postage
- F. All phone calls from the student or the School/Program
- G. Supervision and Transportation costs for special needs or activities that are separate from the regular School/Programs of the School/Program (i.e., doctor and dental appointments, travel to and from airports); Transportation cost to/from Orlando International airport will be \$500.00
- H. The School/Program services do not include any formal individual therapy sessions.

Other expenses related to the well-being or needs of the student not otherwise provided in accordance with this agreement.

7. **UNUSUAL COSTS.**

Responsibility for damage to or loss of property caused by the student. Sponsors agree to be financially responsible for the costs of repairing or replacing any property lost, stolen, damaged, defaced, or destroyed by their student that are not covered by insurance. Such costs will be billed to the Sponsors at the time such damages or loss occurs and shall be paid by the Sponsor within fifteen (15) days of receipt of the bill.

Expenses for assistance for return of a runaway student. In the event that the student leaves the Braveheart Academy, Inc., without authorization, B.A.I. will use reasonable efforts to assist the Sponsors in finding the student and in obtaining their safe return. An accounting of the expenses incurred by B.A.I. while assisting the Sponsors in finding and returning the student will be made to the Sponsors. SPONSORS WILL BE RESPONSIBLE FOR SUCH EXPENSES. Sponsors also understand and agree to be responsible for any damages to the community or its citizens caused by the child during the runaway.

Cost of collections, attorney fees, and interest. Sponsors agree to pay the costs of collection of any amounts due under this agreement, including reasonable attorneys' fees, whether or not legal action is commenced and in addition to pay all penalties plus interest (1 ½ percent per month) on all sums not paid within five (5) days after the due date.

8. **INSURANCE.** Sponsors shall provide health insurance coverage for the student during the initial or any extended Enrollment Period. A copy of the health insurance policy must be provided to the School/Program upon the student's arrival at the School/Program, and it shall be the Sponsors' responsibility to maintain the health insurance policy in full force and effect during the initial or extended enrollment period. In the event any health insurance policy is terminated for any reason or new coverage is obtained, the Sponsors shall notify the School/Program immediately and furnish a copy of the policy. In the event the School/Program learns that there is no health insurance coverage of a student for any reason, the School/Program may, but is not required to, obtain an appropriate health insurance policy at the Sponsor's expense for the student. Whether or not the School/Program obtains a health insurance policy, the School/Program may return the student to the Sponsors' custody at the Sponsors expense.
9. **SUPERVISION.** Sponsors understand that the amount of supervision varies with each student depending on the student's current status. The School/Program provides a high level of supervision but it is understood that the supervision provided, regardless of status, does not guarantee that serious or minor accidents, injuries, self-harm, harm from others, fighting, acts of physical aggression, runaways, suicide attempts, sexual activity/stimulation or use of alcohol, tobacco or other harmful substances cannot happen. These risks are present in any segment of society no matter how controlled or protected. **The Sponsor understands these risks, and agrees to hold harmless, and release the School/Program, and its staff, from all liability or damages associated with these areas.**
10. **ACADEMICS.** The Sponsor understands and agrees that while the School/Program provides an Independent Study system that can allow the student to accelerate their credits and academic competency; the School/Program does not award credits for time in class, but only for work completed and competency achieved. Therefore, the Sponsors understand and agree that the School/Program cannot ensure, nor be liable, for how quickly the student will receive credits, or that the student will receive credits in any certain subjects, or that the student will receive credits on any kind of accelerated basis, or that the student will even receive any credits at all. Sponsors also understand that since the academic courses are part of an Independent Study Program the teachers/tutors working with the students do not need nor may not necessarily all have teaching certificates or Equivalent.

Sponsors understand and agree that current tuition fees cover one full year of regular school. Those who progress at an accelerated rate will be notified in advanced as additional fees will be incurred to the Sponsors. Sponsors further understand that any specialized or individualized tutoring, if available, may result in additional costs or charges to the Sponsor (Any such tutoring would be approved by the Sponsors in advance). Sponsors understand that all school work completed in program/school must be reviewed independently by teachers of the chosen Independent Study program before credits can be awarded. Sponsors understand that the ultimate acceptance of any credits is the prerogative of each individual school district. Therefore, the School/Program cannot ensure that any credits they have awarded will be accepted by any specific school district. Sponsors understand this and agree to hold harmless and release the School/Program from any liability or damages concerning academic credits.

**11. COMMUNICATION AND PROGRESS UPDATES BETWEEN THE FAMILY AND THE SCHOOL/PROGRAM.**

The Sponsors understand and agree that it is easier for each parent to contact the School/Program for communication and updates on their child's progress, than it is for the School/Program to track down each parent at a number of locations. Therefore, it is understood and agreed that **the responsibility for communication rests with the Sponsors.** It is also understood and agreed that the cost of telephone calls is the responsibility of the Sponsors. While most contacts will need to be initiated by the Sponsors, in the few occasions where the School/Program needs to contact the family for any reason these calls will be made on a **collect basis** only. Sponsors can receive current updates by calling the Family Representative assigned to their child at a **pre-arranged, scheduled time during the Family Representative's scheduled office hours.** Sponsors understand and agree it is their responsibility to contact the Family Representative during the scheduled office hours. Sponsors understand that Family Representatives have many duties, including meeting with students and monitoring their progress; therefore, Family Representatives only have certain scheduled times that they are in the office to receive phone calls, non-scheduled calls will be on a first-come first-serve basis. If a parent is unable to contact the Family Representative during the scheduled time, they should try calling at the next scheduled time. Sponsors further understand that Family Representatives may not be able to return phone calls immediately because they have other duties which may require them to be away from phone accessibility. Sponsors understand that due to the distance, logistics, differences in Time Zones, and limited phone/postage services communication is, at times, difficult and responses back and forth may take extended periods of time. The Sponsor understands this and agrees to hold harmless and release the School/Program of any liability or damages resulting from communication problems.

**12. COMMUNICATION WITH STUDENTS.**

Sponsors understand that there is no telephone contact with the student until the student has earned this privilege. This normally takes 90 to 120 days. It is very important the Student earn this privilege and that exceptions are only made in cases of emergency. During the first 90 to 120 days, both Sponsor and Student may write as often as they choose but telephone calls are disruptive to the students' progress as it distracts their focus in the School/Program. Sponsor will have a scheduled time to talk to the student's family representative. Once the students have earned the privilege, monthly telephone calls with Sponsors become an important part of the School/Program. Visits may occur after the student has earned 'residency' status. Sponsors understand and agree to follow the School/ Program's visit and communication policies. Sponsors further agree that if they violate the School/ Program's communication and visit policies the School/Program may at their option discharge the student.

**13. MEDICATION.**

All medications will be kept locked in a secure location and given to the student at assigned times. The Sponsor understands that all medication is self-administered by the student under the general supervision of non-medical staff member. The Sponsors further understand, because of the difficulty and logistics involved with medications, it is possible there may be times

the Student may not have access to medications for certain periods of time. The Sponsors understand that because all medication is essentially self-administered, problems or mistakes are possible. For these reasons, enrollment in B . A . I . is not recommended in cases where medications are paramount to the student's physical, mental, or emotional well-being. Therefore the Sponsors understand these risks and agree to hold harmless and release "Braveheart Academy, Inc.," and its staff, from all liability or damages associated with medications.

14. **MEDICAL INTERVENTION**. The Sponsors understand that the School/Program staff has to make numerous decisions about when to seek medical/dental help for students ranging from small to serious ailments, injuries, or needs. The Staff try to make decisions taking into consideration a balance between added costs to the parent for medical care, and true medical need of the Student. The Sponsors therefore understand that the School/Program staff, like any parent, can miscalculate the timing or need of medical intervention. Such miscalculations can result in the student not getting medical intervention as soon as would be recommended or to avoid complications. It is understood that the School/Program Staff make these "judgment calls" in a good faith effort for and in behalf of the parents. Any such "judgment calls" are subject to human error, especially since many of these judgment calls would have to be made by non-medical staff. It is hereby agreed that the sponsors will hold harmless and release the School/Program and/or its staff from any liability for any illness, complications or damages occurring to the student because of a miscalculated "judgment call" made by the School/Program or its staff in terms of the need or timing of medical intervention for the student. It is also understood and agreed that the School/Program makes no representation and accepts no liability for the performance of any physician, dentist, clinic, or hospital to which the student is delivered for medical intervention. It is further understood that rural Florida, may not have the technology or quality of medical or dental care that we are used to in other parts of the United States. The Sponsors understand these risks and agree to hold harmless and release the Braveheart Academy, Inc., and its staff from all liability associated with medical care.

15. **UNAUTHORIZED ACTIONS OF EMPLOYEES**. The Sponsors understand and agree that the School/Program can only be responsible and/or liable for their employees to the degree that the employees operate within the scope of their employment and outlined job responsibilities. The Sponsors therefore agree to hold harmless and release the School/Program from all liability or damages for any actions of the School/Program's staff or employees that are outside the scope of their constituted responsibilities or realm of their employment. This includes, but is not limited to, any inappropriate or unauthorized interaction between staff and students, as well as any type of illegal or criminal acts. This release does not relinquish the staff member from their individual liability for damages and/or prosecution for their actions outside of their constituted job duties or real employment.

16. **TRANSPORTATION**. The Sponsor's understand that there is some transportation, and that the risk of vehicle failure and/or the risk of traffic or airline accidents are always present. The Sponsor agrees to hold harmless and release the School/Program from any liability or damages for such accidents or failures and any injuries resulting therefrom. Sponsors give the School/Program permission to transport the student as determined by the School/Program. There will also be a fee assessed with transporting students to and from doctor appointments, clinics and/or hospital visits.

17. **RESPONSIBILITY FOR STUDENT'S PROPERTY**. Each student shall be solely responsible for the care of their property. The Sponsor agrees that the School/Program shall not be responsible or liable for loss, damage, neglect, misplacement, or theft of the student's property regardless of how it occurred. The Sponsor agrees that the School/Program is not responsible or liable for items

left behind on visits, leaves, or when the student exits the School/Program. The Sponsor understands that the School/Program recommends that only minimal belongings are brought to the School/Program and that expensive or sentimental items are left at home or is at the School/Program only at the sole risk of the student or Sponsors. The Sponsors agree to hold harmless and release the School/Program from any liability or damages for the student's property.

18. **RESPONSIBILITY FOR INJURIES, ACCIDENTS, OR ILLNESSES.** Many of the activities in which the student may participate involve some risk. These risks include, but are not limited, to such activities as transportation, swimming, snorkeling, water sports, working with farm animals, basic farm related chores, yard work/gardening chores, as well as many other various recreational activities. There are also inherent risks of illness, including, but not limited to, illnesses that are contagious; illnesses or health risks that are common to the geographic location, including but not limited to mosquito bites, sores, infections, slow-healing cuts, rashes; illness connected to food services, etc. There is also risk of earthquakes, acts of nature, etc. The Sponsor agrees to hold harmless and release the School/Program, and its staff, from all liability for any injuries, illnesses, or other damages occurring to the student during enrollment in the School/Program whether on or off the property.

19. **AUTHORITY TO ACT.** The Braveheart Academy, Inc., may perform any and all acts necessary as determined in their judgment, or the judgment of each of them severally, for the health, welfare, and progress, of the student, including but not limited to (decisions in your place and stead), consent for hospitalization and/or consent for medical treatment, assistance and medical aid, psychological examination, and assistance, of whatever nature, including emergency surgery of any kind. The School/Program may also authorize the student to receive urinalysis, blood tests, or other lab work as it deems appropriate.

20. **AUTHORIZATION FOR SEARCH.** Sponsors hereby give consent and authorize the School/Program to search the personal effects and person of the student. The School/Program is hereby authorized to confiscate any and all items deemed, by the School/Program, to be contraband. The School/Program will dispose of all contraband items. The Sponsor understands and agrees the School/Program will not be responsible for the care or return of confiscated items.

21. **AUTHORIZATION FOR DRUG SCREENING.** Sponsors hereby give consent and authorize the School/Program to administer to the child a routine urinalysis or blood test for drugs, pregnancy etc. The Sponsors agree to pay for such expenses

22. **AUTHORIZATION FOR BEHAVIOR MODIFICATION.** The Sponsors understand and authorize the School/Program's Behavior Modification program which includes rewards and incentives for appropriate behavior; and consequences and deterrents for inappropriate behavior or rule violations. Rewards and incentives include earning B.A.I. dollars, privileges, trust, and status advancements. Consequences include but are not limited to placement in 'basic training' status, loss of privileges, loss of status, essays, work hours, work sheets, and fines against the student to reimburse the School/Program for the extra staff time needed to facilitate the discipline process. The Sponsors further understand and authorize the School/Program to suspend the student from their regular schedule and activities, including school classes, until they complete any necessary essays, worksheets and/or other disciplinary assignments. Sponsors also understand and authorize that all essays and worksheets are completed in a designated area within the facility where students have minimal distractions and interaction with peers. Sponsors further understand that placement

in the 'basic training' status means being placed back in the highly structured, controlled setting until student earns their way back to resident status. Sponsors understand and authorize the School/Program to maintain a strict code of conduct including rules on dress, haircuts and grooming, interaction with others, use of manners, appropriate attitudes and behaviors. The Sponsors authorize the School/Program to apply the behavior modification techniques described here-in and any others deemed by the School/Program to be necessary.

23. **AUTHORIZATION FOR STUDENT LEADERSHIP SCHOOL/PROGRAM.** When a Student reaches the appropriate level, they are involved in a Student Leadership Program that includes the student functioning as a Staff Assistant or Junior Staff Member. We have found this Student Leadership Program to be a very effective part of the overall School/Program. The Student Leaders learn how to stand up to their peers, set an example, confront inappropriate behavior, and even participate in the discipline process. It also gives the Student Leaders an opportunity to see things from a unique perspective and understand and appreciate the role their parents have had to take with them. The Student Leaders become part of the "solution" rather than part of the "problem". The Sponsors hereby acknowledge that they understand and authorize the Student Leadership Program as designed by the School/Program.
  
24. **AUTHORIZATION FOR OBSERVATION STATUS.** If the student is ever deemed, by the staff, to be a potential danger to self or others, the Sponsors authorize the School/Program to place the student in a room or area away from the interaction of others, where the student will remain under the close observation and supervision of a staff member until such time that the staff feel the student is no longer a significant danger to self or others. The Sponsors understand that all such decisions are judgment calls and are open to human or judgment error. Sponsors agree to hold harmless and release the School/Program from any liability or damages resulting from any decisions to place or discontinue placement of the student on observation status. The Sponsors also understand that serious and/or dangerous rule infractions may result in placement on observation status. This ensures that the student is closely monitored and that the other students are protected from any dangerous or unstable behavior. During the observation status period, the Student diet is also adjusted since the Student (as a safety precaution) is not allowed to use forks or butter knives during the observation status period. Sponsors authorize the placement of the Student on observation status when determined necessary by the staff.
  
25. **AUTHORIZATION FOR RESTRAINT.** Sponsors hereby give consent and authorization to the School/Program personnel to physically restrain, control and detain the student for and including, but not limited to, the following purposes: To prevent the student from jeopardizing the safety of self or others, to prevent the flight of the student into a dangerous or unsupervised situation, to prevent the destruction of property. The Sponsor authorizes the School/Program to use non-violent crisis intervention techniques to insure a safe, positive environment for each student. Sponsors agree to hold harmless and release the School/Program from any liability or damages resulting from restraint procedures.
  
26. **LIVING ARRANGEMENTS.** The B.A.I. facility, while clean, safe, and adequate, is not elegant and/or exquisite. Furthermore, the Sponsors understand that the living conditions in Morriston, Florida may not always be the same as the Student is used to. Sponsors agree to hold harmless and release the School/Program from any liability or damages resulting from the living conditions. An important part of the program includes "Basic Trainee" status. While in this condition, the student might live in a tent or some other outside structure away from other students, but with students similarly situated in a more temporary type structure. They will have adequate food, shelter, and



necessities. This will give them the opportunity to work their way back into nicer living conditions, and reinforce the consequences suffered through poor decision-making throughout their life. This 'basic training' experience is an integral part of this unique reality-based educational system and necessary for success within the School/Program structure.

**27. THE SCHOOL/PROGRAM OPERATES AS AGENT FOR SPONSOR.** The Sponsors hereby agree that the School/Program and its staff operate in behalf of, and as agents for, the Sponsors. The Sponsors affirm they are the legal guardian and have physical custody of the student. Any restrictions or curtailments of the student's privileges or rights as outlined and authorized in this Enrollment Agreement, are done by the School/Program or its staff in behalf of, with permission of, and as agents for, the Sponsors.

**28. INSURANCE REIMBURSEMENTS.** Unless otherwise stated in writing, Braveheart Academy, Inc., takes no responsibility for the approval or processing of insurance reimbursements, payments, or billings. The Sponsors also understand that the School/Program is not designed for normal approval for insurance funding and that the School/Program's paperwork and documentation do not meet the criteria that most insurance companies require for funding. Insurance approval for the School/Program is normally only granted on an "out of policy" or "exception to policy" basis. Insurance approval is very unlikely; therefore, the Sponsors agree to maintain the fee schedule while any reimbursements or payments are being approved or processed. It will be the sole responsibility of the Sponsors to request payment from Insurance Company.

**29. PAPERWORK.** Sponsors understand that the School/Program wishes to utilize its resources in working closely with the students, rather than spending a lot of time and resources in Administrative and Bureaucratic duties. Therefore, the School/Program keeps, maintains, and retains only minimal records and paperwork. The Sponsors understand and agree to accept whatever records and paperwork the School/Program, in its sole discretion, deems necessary to keep, maintain or retain.

**30. CHOICE OF JURISDICTION, LAW AND OTHER MATTERS.** SPONSORS AGREE TO BE SUBJECT TO JURISDICTION OF THE COURTS OF MORRISTON, LEVY COUNTY, STATE OF FLORIDA IN ANY DISPUTE BETWEEN THE PARTIES TO THIS AGREEMENT. The parties agree that this Agreement constitutes a business transaction and services rendered within Morriston, Florida. In the event, any part of this Agreement is determined to be invalid or unenforceable the remaining provisions of this Agreement shall remain valid and enforceable according to applicable law.

**31. AGREEMENT RENEWAL.** This Agreement is automatically renewed if the student remains in the School/Program past the pre-determined contract period on a month to month basis.

**32. EARLY ENROLLMENT TERMINATION.**

**A. Liquidation Provision.** The Program/School recognizes and affirms that since Sponsors maintain all parental authority and responsibility, Sponsors can remove the student at will. However, this Agreement is for a six to twelve (6-12) month minimum Enrollment Period. The Sponsors agree to give the School/Program a thirty (60) day written notice prior to the actual withdrawal and agree to pay to the School/Program an amount equal to a two month enrollment fee payment at the time of actual withdrawal. The payment of sixty days is considered by the parties to this Agreement as a reasonable pre-estimate of the probable losses which would be sustained by the School/Program in the event of a withdrawal of their student prior to the end of the period. This "loss" amount is not considered by either of the parties to this Agreement as a penalty for early withdrawal of the student, but is intended to reimburse the School/Program for costs and budgeting commitments made by the School/Program in connection with the enrollment of the student.

**B. Involuntary Enrollment Termination.** The School/Program reserves the right to terminate the enrollment of any student at any time if there is a default in the performance of any of the terms of this Agreement by the student or Sponsor, or if in the sole discretion of the School/Program the student is not a suitable resident of the School/Program or for any other reason the School/Program determines that the student should not continue to reside at the School/Program. This would include parents that are unwilling to follow the guidelines of the School/Program or are, at the sole discretion of the School/Program, unreasonable or difficult to work with. Should the monthly payment be more than five (5) days late the School/Program may, at its option, immediately return the student home. In the event a student's enrollment is involuntarily terminated, the School/Program shall attempt to contact the Sponsor and shall deliver the student to the nearest form of transportation or arrange at Sponsor's expense to transport the student back to Sponsor's address. The Sponsors shall be responsible for the tuition during the period of time that the Student was in the School/Program. Sponsors will also be responsible for any personal incidental costs and expenses accrued.

**33. CONFLICT OF INTEREST.** Sponsors understand and agree under strict penalties of damages that they will not contract with any BRAVEHEART ACADEMY employee or former employee for any related or even non-related services while the student is enrolled in the School/Program or upon discharge, or for a period of one year after the student is discharged the BRAVEHEART ACADEMY without specific and written permission from the Administrator. Sponsors also agree under the same penalties that they will not allow their child to live with or reside in the home of an employee or former employee, upon discharge, or for a period of one year after the student is discharged from BAI without specific and written permission from the Director.

**34. SCOPE AND MEANING OF AGREEMENT.** Sponsors hereby acknowledge that they have read the entire Enrollment Agreement and understand and agree to its provisions. Sponsors understand that this is a legal and binding Agreement, and that this Agreement constitutes the entire Agreement between the parties. Any changes or adjustments must be written on a separate sheet and signed by both Sponsors and the Director of the BRAVEHEART ACADEMY to be valid. Any changes or alterations penciled in, typed or written, on this original ten-page enrollment agreement are not recognized or valid.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the last date set forth below.

DATED this \_\_\_\_\_ day \_\_\_\_\_, . . . .

SPONSORS: _____	_____
Father/Guardian	Mother/Guardian
_____	_____
Address of Father/Guardian	Address of Mother/Guardian

# MEDICAL CARE RELEASE

We, the parents/guardians of \_\_\_\_\_ hereby authorize the BRAVEHEART ACADEMY, INC., to obtain medical care for the student in the event of an illness, injury, or other emergency.

Child's D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Child's S.S.N \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

We further authorize medical and hospital treatment by a licensed physician to perform any procedures that he may deem to be medically appropriate for the students' well-being.

We also accept financial responsibility for any such medical care emergencies.

It is understood that the BRAVEHEART ACADEMY, INC., will attempt to contact someone at the numbers provided, and that only necessary medical attention without Sponsor's permission will only be obtained after all reasonable attempts to contact Sponsors have been exhausted.

\_\_\_\_\_ Father/Guardian

\_\_\_\_\_ Mother/Guardian

Date \_\_\_\_\_

## RELEASE OF INFORMATION AND RECORDS

Students Name \_\_\_\_\_

I/We, the undersigned do hereby give consent to the BRAVEHEART ACADEMY, INC., to release information and records as categorized or detailed below, pertaining to the above-named student who is my child/ward.

The BRAVEHEART ACADEMY, INC., is hereby given authorization to release such information to whomever it has reason to believe would use such information or records in the best interest of the above-named student; otherwise, such information and records are to be held confidential.

### TYPE OF INFORMATION/RECORDS

### SPECIFIED INFORMATION/RECORDS

Educational

Medical/Dental

Therapeutic

Psychiatric/Psychological

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Father/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mother/Guardian*

PLEASE SEND RECORDS TO:

**BRAVEHEART ACADEMY, INC.,**  
PO BOX 98  
MORRISTON FLORIDA 32668

B.A.I. ENROLLMENT QUESTIONNAIRE

STUDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

Is child adopted? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Father's Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_

2. Mother's Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Maiden Name \_\_\_\_\_ (DOB) \_\_\_\_\_ Place of Birth \_\_\_\_\_

3. Step Father's Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

4. Step Mother's Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Maiden Name \_\_\_\_\_ (DOB) \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Emergency Phone # \_\_\_\_\_ Contact \_\_\_\_\_  
Relationship \_\_\_\_\_

5. Is family divorced: Yes \_\_\_\_\_ No \_\_\_\_\_

If divorced, which parent has custody? \_\_\_\_\_

*\*\*Both Biological parents will need to sign paperwork unless one can provide legal documentation to show they have sole decision making authority, or adoption papers are provided.*

\_\_\_\_\_  
*Father/Guardian Signature*

\_\_\_\_\_  
*Mother/Guardian Signature*

## ACADEMIC STUDENT INFORMATION

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number : (\_\_\_\_) \_\_\_\_\_ Student Lives With: \_\_\_\_\_

Place of birth \_\_\_\_\_ Student's S.S. # \_\_\_\_\_

If adopted, give date of adoption \_\_\_\_\_

Religious preference \_\_\_\_\_ Ethnic Origins \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Current Grade Level \_\_\_\_\_

Last School Attended \_\_\_\_\_

School Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Schools Attended in grades 9-12

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Academic Performance: Behind \_\_\_\_\_ Ahead \_\_\_\_\_ Right on Track \_\_\_\_\_

Please explain student's current academic situation and capabilities: (ex: failing, not attending etc.)

*\*\*Please use the back side of this page to explain*

Prior to placement at the BRAVEHEART ACADEMY, INC., your student was living:

at home \_\_\_\_\_ with relatives \_\_\_\_\_ alone or with friends \_\_\_\_\_ private school \_\_\_\_\_

Date of Placement \_\_\_\_\_ Student Number \_\_\_\_\_ Transcript information, including any special education records, immunization records, Copy of Birth Certificate, and the student's social security number must be brought with the student upon enrollment into the program.

# ADDENDUM # 1

## IMMUNIZATION RELEASE

We, the parents/guardians of \_\_\_\_\_, hereby authorize the BRAVEHEART ACADEMY, INC., to obtain immunizations for the student in the event their immunizations are not current. This includes authority to administer Hepatitis A, Hepatitis B injections, and a yearly TB screening for the students well-being.

We also accept financial responsibility for any such immunizations.

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date

BAI Contract  
02/2017

## REQUIREMENT TO PROVIDE HEALTH INSURANCE

Dear Sponsors:

It must be anticipated that accidents, injuries, and acute illnesses can and do happen. For the protection of the student, the parents, and the School/Program, every student accepted for enrollment at The Braveheart Academy, Inc., must be covered by a health insurance plan provided by the student's parents or guardians. If your family does not currently have a health insurance policy, it will be necessary for you to purchase coverage for the period of your child's enrollment. A copy of the policy must be provided to the School/Program and will be maintained in the student's file.

In addition, the School/Program must have on file signed health insurance claim forms (including dental, if available). Please be sure the employer and employee information sections are completed and forms are signed. The forms must be received upon enrollment.

If you have any questions regarding the above please feel free to contact us.

The undersigned Sponsors hereby represent and warrant that their student has the following health insurance policy in full force and effect and that such health insurance policy or an equivalent policy shall be maintained at all times the student is enrolled at the School/Program:

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Mother/Guardian

## INSURANCE INFORMATION

PATIENT'S FULL NAME \_\_\_\_\_ DOB: \_\_\_\_\_

FULL NAME OF INSURED \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

INSURED'S SS# \_\_\_\_\_

NAME INSURANCE COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

GROUP # \_\_\_\_\_ POLICY # \_\_\_\_\_

NAME OF EMPLOYER OR GROUP: \_\_\_\_\_



## Parent/Student Evaluation

What we can expect from your student as far as honesty is considered?

Does your child have a history of misrepresenting the truth?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments/Specifics: \_\_\_\_\_

\_\_\_\_\_

Is honesty a significant problem for your child?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments/Specifics: \_\_\_\_\_

\_\_\_\_\_

As we discuss specific issues, such as your child's past problems, home situation, and the way they have interacted with the family, which best describes the information your child will give?

Please circle one:

1. The information my child gives would tend to be completely accurate.
2. The information my child gives could be fairly inaccurate.
3. The information my child gives might be significantly inaccurate.

Comments/Specifics:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Parent Signature*

## MEDICAL & DENTAL HISTORY

CHILD'S NAME \_\_\_\_\_

		YES	NO
1	Is child taking medications?		
2	Has child been taking medications?		
3	Is child allergic to any medications?		
4	Is child allergic to any foods?		

**DURING THE PAST YEAR HAS THE CHILD EXPERIENCED ANY:**

5	Ear pain or hearing loss?		
6	Eye discomfort or sight loss?		
7	Frequent headaches?		
8	Dizziness or fainting spells?		
9	Hay fever or other allergies?		
10	Skin sores, rashes, hives, warts, moles, or swellings?		
11	Heart Disease?		
12	Coughing or persistent indigestion?		
13	Stomach aches or persistent indigestion?		
14	Urinary burning or frequent urination?		
15	Sugar in the urine?		
16	Vaginal discharge?		
17	Painful menstruation?		
18	Venereal Disease?		
19	Tumor, cyst, growth, or cancer?		

-continued-

**HAS YOUR CHILD EVER HAD:**

20	Deformities of any kind?		
21	Diabetes?		
22	Asthma?		
23	Arthritis?		
24	Seizures, convulsions, or epilepsy?		

**HAS YOUR CHILD EVER BEEN:**

25	Sexually abused?		
26	Physically abused?		
27	Psychologically abused?		
28	Classified as neglected by welfare?		
29	Glasses or contact lenses?		
30	Special dietary needs?		
31	Orthopedic appliances including dental braces?		

**IF YOU HAVE ANSWERED "YES" TO ANY QUESTIONS FROM 1 THROUGH 31, PLEASE EXPLAIN:**

**HOSPITALIZATIONS AND SURGERIES IN THE PAST FIVE YEARS:**

Date \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_

Injury \_\_\_\_\_ Result \_\_\_\_\_

Date \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_

Injury \_\_\_\_\_ Result \_\_\_\_\_

## DENTAL BRACES

If your student has braces and/or a retainer, do you wish, at your expense, to have regular checkups by a local Orthodontist? If so, please sign this statement as an authorization for care.

Monthly Orthodontist care for \_\_\_\_\_ approved by:

Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

## SPORTS & ACTIVITIES

Are there any known physical conditions that would preclude your child from participating in sport, farm related activities, marching or physical education classes?

\_\_\_\_\_ Yes      No

If yes, please explain:

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Mail

Due to the potential harm that certain mail could cause your child or progress, we as legal guardians,

(having both legal and physical custody) direct and authorize The Braveheart Academy, Inc., and its staff to monitor all outgoing and incoming mail for \_\_\_\_\_

Student

Whose date of birth is: \_\_\_\_\_.

It is understood that The Braveheart Academy, Inc., is operating at our direction, under the authority we have as legal guardians, and as our agents in this behalf.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian

# PERMISSION TO PHOTOGRAPH

\_\_\_\_\_ DOB \_\_\_\_\_  
Student's Name

The Braveheart Academy is authorized to photograph the students for identification photographs for their files.

I **authorize** \_\_\_\_\_ /**do not authorize** \_\_\_\_\_ the Program to photograph or video tape the student in a group or involved in group activities, to be used for brochures, public relations, promotional videos, or other related Marketing purposes.

I further **authorize** \_\_\_\_\_ /**do not authorize** \_\_\_\_\_ the Program to photograph, video tape or interview the student individually for brochures, public relations, promotional videos, or other related Marketing purposes.

\_\_\_\_\_ Date \_\_\_\_\_  
Father/Guardian

\_\_\_\_\_ Date \_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_ Date \_\_\_\_\_  
Student

## RELEASE OF INFORMATION AND RECORDS

STUDENT'S NAME: \_\_\_\_\_

I/We, the undersigned, do hereby give consent to The Braveheart Academy, Inc., to release information and records as categorized or detailed below, pertaining to the above-named student who is my child/ward.

The Braveheart Academy, Inc., is hereby given authorization to release such information to whomever it has reason to believe would use such information or records in the best interest of the above-named student; otherwise such information and records are to be held confidential.

### TYPE OF INFORMATION/RECORDS

### SPECIFIED INFORMATION/RECORDS

Educational

Medical/Dental

Therapeutic

Psychiatric/Psychological

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Father/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mother/Guardian*

## REQUEST FOR TRANSFER OF CONFIDENTIAL RECORDS

This form is provided by The Braveheart Academy, Inc., Academic Department. for the purpose of obtaining your child's school and psychological/psychiatric records.

Name of Student: \_\_\_\_\_ Birth date: \_\_\_\_\_

I Here by authorize The Braveheart Academy, Inc., to obtain from: \_\_\_\_\_ all school and psychological/psychiatric records as defined by Public Law 93-380 and other federal laws pertaining to educational records.

PLEASE SEND THE FOLLOWING INFORMATION;

- \_\_\_\_\_ 1. Official transcript of credit and classes to date.
- \_\_\_\_\_ 2. Withdrawal grades, including incomplete classes.
- \_\_\_\_\_ 3. Test data, health records, and counseling information.
- \_\_\_\_\_ 4. Suggested course outline.
- \_\_\_\_\_ 5. Units and courses required for graduation.
- \_\_\_\_\_ 6. Any of the student's records pertaining to the Psychiatric or Psychological evaluation of the student. 7. Special Education/Guidance Records \_\_\_\_\_ 8. Other:

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**ADDENDUM #2**  
**AUTHORITY TO ACT**

The Braveheart Academy, Inc., may perform any and all acts necessary as determined in their judgment, or the judgment of each of them severally, for the health, welfare, and progress, of the student, including but not limited to (decisions in your place and stead), consents for emergency hospitalization and/or consent for medical treatment, assistance and medical aid, psychological examination and assistance, of whatever nature, including emergency surgery of any kind.

Signed \_\_\_\_\_  
*Mother and or Guardian*

Date \_\_\_\_\_

Signed \_\_\_\_\_  
*Father and/or Guardian*

Date \_\_\_\_\_

## THINGS TO BRING

The items listed below are **ALL** we want you to send with your student and are the **MAXIMUM** amount of clothing to bring. Anything else will be confiscated without guarantee of return. We may return items by non-insured mail and if so, charged to your account. We do not have room for storage. Please mark all items with a permanent marker. Contact lenses are OK, providing the student has had them long enough to have adjusted completely, to their use. In any case, please send glasses as well, with a case. **ALL CLOTHING MUST BE PLAIN AND NOT HAVE ANY TYPE OF WRITINGS, MARKINGS OR LOGOS ON THEM.** Please initial on the line stating that your student is equipped with the following things:

2 pair of white sturdy athletic tennis shoes (1 indoor and 1 outdoor): _____	1 electric rechargeable razor (NO DISPOSABLES): _____
3 RED and 4 Grey Men's T-Shirts (Fruit of the Loom or Hanes): _____	1 bottle of shampoo and 1 bottle of conditioner: _____
1 one piece modest bathing suit (gender appropriate): _____	3 tubes toothpaste – 2 toothbrushes and 1 holder: _____
1 warm and 1 light nightwear pajamas (NO SHORTS): _____	1 three inch, three ringed, non-designed binder: _____
7 pairs of undergarments (gender appropriate): _____	3 sticks deodorant: _____
4 appropriate pictures of family members or pets: _____	2 luffa sponge: _____
7 pairs of undergarments (gender appropriate): _____	2 bath towels: _____
7 pairs of socks: _____	1 grey sweatshirt: _____
2 pairs of sport shorts: _____	1 warm sleeping bag: _____
2 pairs of sandals: _____	1 set of twin/single sheets and pillowcase: _____
2 pairs of flip flops: _____	1 mattress pad: _____
3 grey sweatpants: _____	1 pillow: _____
Postage stamps: _____	1 laundry bag: _____
1 bottle of antibacterial hand soap*:	1 box fabric Band-Aids*:
18 gallon storage container with lid: _____	1 stuffed animal (optional): _____
1 recreational reading book, 1 spiritual reading book: _____	*These items will be combined and used as needed, by all students
Postage stamps: _____	1 laundry bag: _____
1 bottle of antibacterial hand soap*:	1 box fabric Band-Aids*:
18 gallon storage container with lid: _____	1 stuffed animal (optional): _____
1 recreational reading book, 1 spiritual reading book: _____	*These items will be combined and used as needed, by all students

## THINGS NOT TO BRING

Anything that is not on the list above. The only exceptions would be retainers for teeth, hearing devices, or doctor recommendations that will need a doctor's signed order and explanation for use or treatment (example: knee support for physical activity, etc.).

**Valuables:** Items that have significant financial or sentimental value should not be brought. The contract specifically states that The Braveheart Academy, Inc., does not accept responsibility for lost or stolen items

## **ADDENDUM #4**

### **CASH IN-ADVANCE PAYMENT OPTION**

This is a special cash in-advance discount payment plan that can be arranged. This payment is utilized when the tuition payment is paid at least 6 months or more in advance, all payments are made on a timely basis, and when there is not a third-party payor or resource for the parents (i.e. insurance, special funding, etc.).

#### **Discount Advanced Payment Plan:**

Sponsors agree to pay the School/Program upon admission a (Non-refundable) \$6,500.00 which includes the first month's tuition payment equaling thirty days in advance and a one-time up-front processing fee of \$3,000.00. Thereafter, each monthly payment of three thousand five hundred dollars (\$3,500.00) shall be due each month on the same day of the month as the student was enrolled. A discount of five hundred dollars total will be given if payment is made in advance for six months. (This gives Sponsors a discount of \$500.00 per six-month period when lump sum payments are made in advance for increments of six months or more. Maximum discount per twelve-month period is \$1000.00)

The fee schedule remains as stated above throughout the entire course of the student's enrollment in the School/Program. Monthly payments do not adjust to the student's status in the School/Program, nor the services offered. The monthly payments do not reflect the exact number of days the student will be or is in residence at the School/Program in any given month. There are no fee adjustments or reductions for periods in which the student is not physically at the school/program, whether or not the Student's absences are authorized by either the Sponsors or the School/Program.

Personal incidental costs, and expenses will be billed monthly in addition to the monthly payments stated above (see Item #6 of the Enrollment Agreement). Program constitutes 5 T-Shirts.

The cash in-advance payment plan may be utilized as long as the following criterion is met:

1. Each six month or more payment must be made in advance. Payments are to be no more than five days late. Once the monthly payment becomes more than five days late, arrangements to return the Student home will begin. Parent/Guardian will be assessed the 60 day early enrollment termination and will be billed for travel arrangements and escort for the student home as explained in # 5 and # 32 of The Braveheart Academy, Inc., enrollment agreement.
  
2. Payments made by the Sponsor with assistance from a third-party payer, ex: (insurance, governmental funding, etc.). In the event the sponsor is able to, at a later date, secure third party funding, it will be the responsibility of the parent/guardian to make their regularly scheduled payment on time. When Sponsor receives payment from third party it would reimburse the Sponsor rather than The Braveheart Academy, Inc.
  
3. The Sponsors understand and agree that if a check is returned to The Braveheart Academy, Inc., a charge of \$250.00 dollars will billed to your account to recover our cost of special handling and return check service fees.

Sponsors understand and agree to all the criteria governing the Cash-in-Advance Payment Plan. The Sponsors agree to be responsible for all penalties and service costs connected to this agreement. The Sponsors also agree to be responsible for all collection costs including attorney fees and reasonable interest should the School/Program need to take steps to collect any amounts owed the School/Program.

SPONSORS:

\_\_\_\_\_

Signature of Sponsor  
(Father or Guardian)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Sponsor  
(Mother or Guardian)

\_\_\_\_\_

Date

# ADDENDUM #5

## NEAR EIGHTEEN-YEAR-OLD PAYMENT AGREEMENT

Sponsors agree to pay the School/Program upon admission (Non-refundable) \$13,500.00 which includes three months tuition, a one-time processing fee of \$3,000.00. Thereafter, each monthly payment of three thousand five hundred dollars (\$3,500.00) shall be paid in advance and due each month on the same day of the month as the student was enrolled.

The fee schedule remains as stated above throughout the entire course of the student's enrollment in the School/Program. Monthly payments do not adjust to the student's status in the School/Program, nor the services offered. The monthly payments do not reflect the exact number of days the student will be or is in residence at the School/Program in any given month. There are no fee adjustments or reductions for periods in which the student is not physically at the school/program, whether or not the Student's absences are authorized by either the Sponsors or the School/Program.

Personal incidental costs, and expenses will be billed monthly in addition to the monthly payments stated above (see Item #6 of the Enrollment Agreement).

Each payment must be made in advance. Payments are to be no more than five days late. Once the monthly payment becomes more than five days late, arrangements to return the Student home will begin. The Parent/Guardian will be assessed the 60-day early enrollment termination and will be billed for travel arrangements and escort for the student home as explained in # 5 and # 32 of The Braveheart Academy, Inc., enrollment agreement.

Payments made by the Sponsor with assistance from a third-party payer, ex: (insurance, governmental funding, etc.). In the event the sponsor is able to, at a later date, secure third party funding, it will be the responsibility of the parent/guardian to make their regularly scheduled payment on time. When Sponsor receives payment from third party, it would reimburse the Sponsor rather than The Braveheart Academy, Inc.,.

The Sponsors understand and agree that if a check is returned to The Braveheart Academy, Inc., a charge of \$250.00 dollars will be billed to your account to recover our cost of special handling and return check service fees.

Sponsors understand and agree to all of the criteria governing this 'almost 18' year old payment Plan. The Sponsors agree to be responsible for all penalties and service costs connected to this agreement. The Sponsors also agree to be responsible for all collection costs including attorney fees and reasonable interest should the School/Program need to take steps to collect any amounts owed the School/Program.

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(Father or Guardian)

---

(Mother or Guardian)

---

Date

---

Date

