

BrilliantMont

A Christian International School



ELEMENTARY/MIDDLE/ HIGH SCHOOL REGISTRATION PACKET

SY 2024-2025

CONTACT US

Address: 7401 W Charleston Blvd. Las Vegas, Nevada 89117

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E-Mail: principal@bccausa.com ; admin@bccausa.com

Website: www.brilliantmontusa.com



DOCUMENTS FOR REGISTRATION

Instructions:

Your child may not start school until we have ALL of these documents:

- Copy of your child's Birth Certificate
- Current copy of your child's Immunization Records
- Health Statement Form filled out and signed by your child's doctor
- Completed and signed Registration Packet
- Annual Registration Fee must be included with this packet
- Legal documents pertaining to custody (if applicable)

No form may be left blank or unsigned. Incomplete registration packets will be rejected

The PARENT-STUDENT HANDBOOK has vital information to your child's attendance. An electronic copy will be sent to you by email. PLEASE BE SURE TO READ THE ENTIRE HANDBOOK. You are accountable for the rules and regulations in the handbook.

Parent Email: _____

*I have received an electronic copy of the Parent-Student Handbook.

Parent Signature: _____

Date: _____

If you need help or explanation with any of the forms in the Registration Packet or Parent Handbook, please see the Supervisor or School Administrator.

TUITION FEE SCHEDULE

ELEMENTARY/MIDDLE SCHOOL/ HIGHSCHOOL	\$ 1,198.00	PER MONTH
	\$ 11,980.00	PER YEAR
REGISTRATION FEE (PAID ANNUALLY & NON-REFUNDABLE)	\$ 390.00	PER YEAR
CURRICULUM FEE	\$ 395.00	PER YEAR
APPLICATION FEE	\$ 50.00	A ONE-TIME FEE

Tuition payments must be paid thru Facts Management Online.

Required Fees **MUST** be paid before any student is officially enrolled.

(Please note that the Academy office must have ALL signed forms and required paperwork before a student’s admission to class.)

SCHOLARSHIP PROGRAM

SCHOLARSHIP AGENCY:

Nature of Scholarship

1. The scholarship is awarded to students entering Elementary.
2. The scholarship covers all fees that include tuition fee and matriculation with the exclusion of school supplies.
3. The scholarship is renewable provided that the student maintains an excellent academic record as well as good moral standing, strong commitment to community service and extracurricular activities.
4. The student must pass the assessment evaluation exam.

Percentage (%) of tuition to be paid will be determined annually.

1. Full scholarship.....100 percent (100%)
2. Partial scholarship..... 40 or 50 percent (50%)

REGISTRATION FORM

Please Print.

Reminder: Should any of these information changes, please inform the school immediately.
Include your Registration Fee of \$390.00 to this packet.

Name of Child: _____

Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Father's Name: _____ Social Security: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Occupation: _____ Place of Business: _____

E-mail Address: _____

Mother's Name: _____ Social Security: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Occupation: _____ Place of Business: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____

Allergies: _____

Authorized Person(s) for pick-up:

These people will have codes for checking your child in/out of the Academy.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Brilliant Mont is an operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act.

I, _____, am aware that I have the right to request and view any complaints the facility has received from the month my child(ren) enrolled in and the previous 12 months.

PARENT'S PRINTED NAME & SIGNATURE

DATE

Office Use Only

Date Registered: _____ Amount Paid: _____ Check #: _____

ELEMENTARY FINANCIAL AGREEMENT

I agree to enroll my child (name)_____in Brilliant Mont program with an annual Registration Fee of \$390 and Curriculum Fee of \$395. The Tuition Fee of \$1,198 is to be paid in full per month either through cash or check.

I UNDERSTAND AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

- * Brilliant Mont is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act.
- Each year, the first tuition payment is due on August 1st with the last payment due on May 1st of the same **School** year.
- Parents may make monthly payments by automatic withdrawals from their checking account; write a manual check, or by debit or credit cards. No cash payments are accepted. Fees will be applied to credit and debit card transactions or any other payment options that are subject to additional fees.
- **As a convenience, most bank provide a free online bill payment system. Brilliant Mont encourages parents to set up this service for our monthly tuition payments.**
- A school calendar will be provided either in hard copy form or you may download a copy from the website at www.brilliantmontusa.com.
- No tuition credit is given for holidays. See the Parent Handbook.
- Registration fee and all tuitions are non-refundable.
- A late fee of \$40 will be assessed after the 10th of the month on all past due accounts. If the 10th falls on a weekend, or holiday, payment is due on the prior business day.
- A fee of \$35 will be charged on all returned checks. After the second returned check, all fees must be made by Money Order/ Cashier's Check or by credit card.
- **In the event of an emergency, I understand that Brilliant Mont is not financially responsible for any emergency vehicle transportation costs or for any medical care or costs incurred by my child/children as a result of Brilliant Mont initiating this care.**
- **I agree to notify Brilliant Mont in writing two weeks prior to withdrawal of my child. If you choose to withdraw your child and you do not notify Brilliant Mont in writing, Brilliant Mont will hold you responsible for the tuition you owe as a result of your child holding a position which would otherwise be filled.**
- **This agreement can be cancelled at any time by Brilliant Mont including but not limited to:**

1. Non-payment of fees.
 2. Non-compliance with policies and procedures.
 3. Any action which results or may result in the disruption of the smooth and efficient operation of the facility.
- Snacks and meals are not included in the tuition

PARENT'S PRINTED NAME & SIGNATURE

DATE

FORM C

FOR PARENT:

This form is REQUIRED by the STATE OF NEVADA and must be signed/stamped by your family physician or a registered nurse.

Child's Name: _____ Date of Birth: _____

Please provide a report on the above named child using the form below. Daily activities include vigorous outdoor play, socialization, small motor games, morning and afternoon snack, and a rest period after lunch.

I hereby authorize release of medical information contained in this form to Brilliant Mont.

PARENT'S PRINTED NAME & SIGNATURE

DATE

FOR PHYSICIAN:

Status of above child's health:

Any known conditions under treatment:

Any physical condition requiring special attention in the Academy:

Any medication prescribed:

With parental consent, this child may take over-the-counter medication, as needed (includes over-the-counter pain or cold medications, sunscreen and diaper rash ointment, as needed).

Is child capable of adjusting to programs of the Academy?

PRINTED NAME & SIGNATURE OF
PHYSICIAN/REGISTERED NURSE

DATE

Please attach a copy of the child's immunization record to this statement.

****MUST BE SUBMITTED PRIOR TO START DATE****

FORM D

MEDICAL - EMERGENCY PROCEDURE AND RELEASE OF LIABILITY AFFIDAVIT FORM

I, true parent or legal guardian of (Child's Name)

-----do hereby grant permission to the staff of Brilliant
Mont to administer sunscreen, diaper rash ointment (if needed), first aid or emergency treatment in
the event of an accident or emergency. It is understood that parent(s) shall be reached as soon as
possible in case of an accident or emergency.

Doctor's

Address:

Phone: -----

Insurance Company Name: -----

Policy #: -----

Policy Holder Name: -----

Policy Holder's Date of Birth: -----

Policy Holder's Social Security: -----

Preferred Hospital -----

In the event that neither physician nor parent or legal guardian can be reached, Brilliant
Mont may contact any Nevada State licensed practicing physician. I agree to pay for any costs
and medical bills incurred. I understand that Brilliant Mont is not responsible for any medical
care and/or emergency transportation supplied to my child in the case of an emergency.

It is understood that Brilliant Mont and staff are released from liability for any accidents or
emergencies.

PARENT'S PRINTED NAME & SIGNATURE

DATE

FORM E

MEDICAL - EMERGENCY FAMILY, HEALTH AND SOCIAL HISTORY FORM #7

The purpose of this form is to enable us to know your child and his/her needs so we may do the best job possible. All information is kept confidential.

Child's Name: _____

Nickname: _____

List of all children in the family in order of age (include children enrolled)

1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

4. _____ Age _____

Do the parents live in the same _____ or separate _____ household?

If separate, does the child live in both households? _____

Do both parents have custody? _____

If not, please bring documentation to have on file.

What is the visitation schedule, as it relates to the drop-off and pick-up schedule at the Academy?

Ethnic Origin (for statistic reporting only):

Caucasian Hispanic African-American

Asian Indian-American Other: _____

Circle all that applies:

Does the father/mother work late or travel frequently? _____

Does the father/mother work from home? _____

Has he/she been cared for by someone other than parents? _____

Who? _____

Has any member of the family had a long illness? _____

Was there a long separation from child? _____

When? _____

Is the family English speaking? _____

If not, what other language? _____

Is your child on any regular medication? _____

If yes, list medications: _____

Does your child have any unusual physical marking or condition? _____

If yes, elaborate: _____

Does your child have any problems with

___diabetes? ___asthma? ___hearing?

Has your child had frequent

___ear aches? ___allergies? ___epilepsy? ___speech? ___asthma?

FORM E

MEDICAL - EMERGENCY FAMILY, HEALTH AND SOCIAL HISTORY FORM #7

Has your child had any eye problems? _____
Has your child had an eye examination? _____
If yes, when? _____

Does your child have frequent
___colds? ___sore throat? ___tonsillitis?
___bloody nose? ___stomach aches?

At what age did your child begin to talk? _____
Did your child crawl before walking? _____
Was your child born premature? _____

Is your child generally
___moody? ___happy?
___dependent ___other: _____

What forms of discipline do you use at home?

Has the child had group play experience outside the family group? _____

Does he/she have any special problems such as
___nightmares? ___fear(s) of _____
___other: _____

Does your child need help in any of the following areas:
___dressing? ___toileting? ___eating?
___other: _____

Child's favorites

Toy(s)/Book(s)/Game(s): _____
Songs/Stories: _____
Others: _____

Is your child happiest with his/her own age group:
 with his/her own age group? younger? older?

Does your child suck his/her thumb? _____
Does your child use a pacifier, blanket, or special toy at bedtime? _____
Does your child still nap? _____ If yes, how long? _____
What is your child's normal bedtime? ___PM
Does your child sleep uninterrupted through the night? _____
Is your child restless in his/her sleep? _____
Other information you would like to share about your child:

PARENT'S PRINTED NAME & SIGNATURE

DATE

FORM F

PERMISSION TO RELEASE INFORMATION AND PROGRESS REPORT CONSENT FORM

I understand that during the time my child, _____ is in care at Brilliant Child Christian Academy, the Director may be asked for information regarding my child. I hereby give permission to release information regarding my child. I hereby give permission to release information to official persons only, who adequately identify themselves, such as school, health care personnel, welfare or other governmental officials.

PARENT'S PRINTED NAME & SIGNATURE

DATE

I do not give permission to release information about my child as set forth in the aforementioned statement.

PARENT'S PRINTED NAME & SIGNATURE

DATE

I allow the teacher to evaluate my child's progress.

PARENT'S PRINTED NAME & SIGNATURE

DATE

I give Brilliant Mont permission to list our name, mailing address, and phone number in the school's directory for school or church use only. _____

PARENT'S PRINTED NAME & SIGNATURE

DATE

I give Brilliant Mont permission to video tape and take photos of school activities or programs as well as the release of newspaper photo or article that relates to the school's programs

PARENT'S PRINTED NAME & SIGNATURE

DATE

FORM G

PROMOTING A SAFE AND CLEAN ENVIRONMENT IN THE ACADEMY (USE OF BLEACH AND OTHER APPROVED DISINFECTANT)

Providing a safe and clean environment to the students is our utmost priority. The Academy is taking serious measures to prevent the spread of infectious diseases through cleaning, sanitizing and disinfecting all areas. Thus, the Academy uses disinfectant products to destroy multiple organisms that include bacteria and most viruses.

Please be informed that the Academy uses the following cleaning chemicals:

1. Bleach
2. Alcohol
3. Cleaning Wipes
4. Pesticides
5. Air Freshener/Scented Sprays

Note:

Disinfecting only happens after students' dismissal, holidays and non-school days.

PARENT'S PRINTED NAME & SIGNATURE

DATE

FORM H

APPENDIX A PHOTO PERMISSION SLIP

From time to time, we take pictures during school activities. We would like to request your permission to use these pictures on our website, in the school newsletter and/or on our bulletin boards and official social media accounts. Pictures would be selected to highlight learning activities, our class environment or events. We will never reference your child by name or provide any specific information regarding your child. The pictures will only be used by The Brilliant Mont to show the many ways our children can have fun while participating in the school.

Please take a moment to let us know your preferences regarding our use of photos of your children:

Ac:

YES. I grant permission to use photos of my child(ren) on school website, bulletin boards, newsletters,
-OR- and/or social media accounts.

___NO. Please do NOT take or use any photos of my child.

Child(ren)'s Name(s) (PLEASE PRINT):

PARENT'S PRINTED NAME & SIGNATURE

DATE