

# BrilliantMont



A Christian International School

## ELEMENTARY/MIDDLE SCHOOL REGISTRATION PACKET

**SY 2023-2024**

### CONTACT US

Address: 7885 W Rochelle Avenue, Las Vegas, Nevada 89147

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E-Mail:

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Website: [www.BrilliantMontusa.com](http://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

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ELEMENTARY	\$998 .00 PER MONTH
REGISTRATION FEE (PAID ANNUALLY & NON-REFUNDABLE)	\$390.00 PER YEAR
CURRICULUM FEE	\$395.00 PER YEAR
APPLICATION FEE	\$50.00 (ONE-TIME PAY)

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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:

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### 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 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

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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 \$998 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 Academy 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 banks 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](http://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 BrilliantMont initiating this care.
- I agree to notify BrilliantMont in writing two weeks prior to withdrawal of my child. If you choose to withdraw your child and you do not notify BrilliantMont in writing, BrilliantMont 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

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PARENT'S PRINTED NAME & SIGNATURE

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DATE

# FORM C

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## 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.

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PARENT'S PRINTED NAME & SIGNATURE

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DATE

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## FOR PHYSICIAN:

Status of above child's health:

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Any known conditions under treatment:

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Any physical condition requiring special attention in the Academy:

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Any medication prescribed:

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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?

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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 Name:

\_\_\_\_\_

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 BrilliantMont 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.

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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:

\_\_\_\_\_

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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 Mont, 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 BrilliantMont 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 BrilliantMont 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 Academy's programs.

\_\_\_\_\_  
PARENT'S PRINTED NAME & SIGNATURE

\_\_\_\_\_  
DATE

# FORM G

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## 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.

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PARENT'S PRINTED NAME & SIGNATURE

-----  
DATE

# FORM H

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## APPENDIX A PHOTO PERMISSION SLIP

From time to time, we take pictures during Academy activities. We would like to request your permission to use these pictures on our website, in the Academy 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 Academy.

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

\_\_\_YES. I grant permission to use photos of my child(ren) on Brilliant Mont website, bulletin boards, newsletters and/or social media accounts.

-OR-

\_\_\_NO. Please do NOT take or use any photos of my child.

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

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PARENT'S PRINTED NAME & SIGNATURE

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DATE