

# The Katherine Thomas School *High School* Learning Enrichment Program

## 2018 Summer Registration Form – PAGE 1

Child's Name / Gender	Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth / Age / School	Date of Birth	Age	Grade / School
Home Address	Street		Apartment
	City	State	Zip Code
Parent / Guardian One	Name		
Phone Number	Home	Work	Cell
E- mail Address	Parent / Guardian One		
Parent / Guardian Two	Name		
Phone Number	Home	Work	Cell
E-mail Address	Parent / Guardian Two		
Physical and / or Dietary Restrictions			
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," please explain	
Medications given during the day and / or at home	Note: A Medication Authorization signed by your child's health care provider is required if TLC is to administer OTC or prescribed medications.		
Has your child ever had a seizure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," please explain	
Areas of Special Need			
Emergency Contact	Name	Relationship	Phone
Persons Authorized to pick up child	Name	Relationship	Name Relationship

### DATES — CHECK THE WEEKS YOUR CHILD WILL ATTEND

Program Name	DATES — All programs meet Monday – Friday (No programs July 4)				Total Fee Due
<b>HIGH SCHOOL</b>	ESY program & services for eligible funded students currently enrolled at The Katherine Thomas School provided at no cost to the student's parent / guardian				
<input type="checkbox"/> Week 1	7/02 – 7/06 (off 7/04)	<input type="checkbox"/> 8:00 – 12:30	<b>\$320</b>	<input type="checkbox"/> 8:00 – 3:00	<b>\$512</b>
<input type="checkbox"/> Week 2	7/08 – 7/13	<input type="checkbox"/> 8:00 – 12:30	<b>\$400</b>	<input type="checkbox"/> 8:00 – 3:00	<b>\$640</b>
<input type="checkbox"/> Week 3	7/16 – 7/20	<input type="checkbox"/> 8:00 – 12:30	<b>\$400</b>	<input type="checkbox"/> 8:00 – 3:00	<b>\$640</b>
<input type="checkbox"/> Week 4	7/23 – 7/27	<input type="checkbox"/> 8:00 – 12:30	<b>\$400</b>	<input type="checkbox"/> 8:00 – 3:00	<b>\$640</b>
<input type="checkbox"/> Week 5	7/30 – 8/03	<input type="checkbox"/> 8:00 – 12:30	<b>\$400</b>	<input type="checkbox"/> 8:00 – 3:00	<b>\$640</b>
<input type="checkbox"/> Week 6	8/06 – 8/10	<input type="checkbox"/> 8:00 – 12:30	<b>\$400</b>	<input type="checkbox"/> 8:00 – 3:00	<b>\$640</b>
<b>TOTAL FEES (all programs)</b>		Half Day Option		Full Day Option	Total \$

Please Note:

If the student has an IEP or 504 plan, please submit that paperwork along with this registration form. Thank you!

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## 2018 Summer Registration Form – PAGE 2

### REGISTRATION SUMMARY:

Grand Total: High School Program \$ \_\_\_\_\_

### PAYMENT OPTIONS

☉ **OPTION A: EARLY BIRD DISCOUNT [6-WEEK PROGRAMS ONLY]** \$ minus (\$100.00) IF PAID IN FULL BY **APRIL 1, 2018**

TOTAL DUE [PROGRAM FEES + EXTENDED DAY FEES, LESS EARLY BIRD \$100 DISCOUNT] \$ \_\_\_\_\_

☉ **OPTION B: DEPOSIT** [MINIMUM must be at least 50% of program fees] \$ \_\_\_\_\_

BALANCE DUE BY **June 1, 2018** \$ \_\_\_\_\_

### PLEASE NOTE THE FOLLOWING PROCEDURES:

1. Application procedures vary by program and may include an on-site observation of the child.
2. Your child's application will be reviewed and you will be notified of acceptance or the need for additional information.
3. Receipt of TLC's Summer Program registration will be considered on a first come / first served basis if your child is appropriate for the program.
4. A **non-refundable deposit of one-half the balance** is due with registration to reserve a space for your child; balance **must be paid** on or before **June 1, 2018**. No refunds are given for any reason after payment is made, including absence due to illness or vacation.
5. TLC reserves the right to cancel any program due to insufficient enrollment.
6. Each attendee must submit proof of immunization with the registration form, which may be obtained from the child's healthcare provider.
7. Additional charges apply for children who require 1:1 assistance, which may be determined before the start of summer programs, or once programs are in progress.
8. The Katherine Thomas School Learning Enrichment Program and High School Program are NOT reimbursable by insurance, but may qualify for HSA or FLEX spending accounts.

### Make checks payable to TLC. Visa, MasterCard, Discover & American Express accepted.

Credit Card Type: \_\_\_\_\_ Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (digits on reverse side of card): \_\_\_\_\_

I authorize the balance and final payment to be charged to my credit card:

(Signature) \_\_\_\_\_

### PARTICIPATION AUTHORIZATION

I hereby approve participation of my child (\_\_\_\_\_) in TLC's Summer Programs and consent to emergency treatment for my child, if necessary. To the best of my knowledge there are no physical or other conditions that will interfere with my child's participation.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Parent / Guardian Name

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Phone

TLC's Summer Programs assumes no liability for injury or damages arising from the result of participation in activities unless due to willful fault or gross negligence on the part

**Please mail completed registration form to:  
TLC's Summer Programs  
High School – Attn: Vanessa Vera  
9975 Medical Center Drive, Rockville, MD 20850**