

The Katherine Thomas School *Lower-Middle 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
LOWER-MIDDLE SCHOOL	<small>ESY program & services for eligible funded students currently enrolled at The Katherine Thomas School provided at no cost to the student's parent / guardian</small>				
<input type="checkbox"/> Week 1	7/02 – 7/06 (off 7/04)	<input type="checkbox"/> 9:00 – 12:00	\$320	<input type="checkbox"/> 9:00 – 3:00	\$512
<input type="checkbox"/> Week 2	7/09 – 7/13	<input type="checkbox"/> 9:00 – 12:00	\$400	<input type="checkbox"/> 9:00 – 3:00	\$640
<input type="checkbox"/> Week 3	7/16 – 7/20	<input type="checkbox"/> 9:00 – 12:00	\$400	<input type="checkbox"/> 9:00 – 3:00	\$640
<input type="checkbox"/> Week 4	7/23 – 7/27	<input type="checkbox"/> 9:00 – 12:00	\$400	<input type="checkbox"/> 9:00 – 3:00	\$640
<input type="checkbox"/> Week 5	7/30 – 8/03	<input type="checkbox"/> 9:00 – 12:00	\$400	<input type="checkbox"/> 9:00 – 3:00	\$640
<input type="checkbox"/> Week 6	8/06 – 8/10	<input type="checkbox"/> 9:00 – 12:00	\$400	<input type="checkbox"/> 9:00 – 3:00	\$640
TOTAL FEES (all programs)		Half Day Option		Full Day Option	
		Total \$			
EXTENDED DAY PROGRAM	<small>Cost is \$13.50 per hour or any fraction of hour. After School Program is available to children ages 5 years through Grade 8.</small>				
1. Extended Morning	8:00 AM – 9:00 AM	Arrival Time: _____ AM	Days: M T W TH F [circle requested days]		
1A. Total Hours Requested Ext. Morning	_____ hours x \$13.50 = \$ _____	x _____ days / week = \$ _____	X _____ weeks = \$ _____ [total ext. morning]		
2. After School Program: \$175.00/wk	3:00 PM – 5:00 PM	<small>Please note: Late fees after 5:05 pm are \$1.00/minute.</small>		Weeks: 1 2 3 4 5 6 [circle requested weeks]	
2A. Total Hours After School Program	\$175/week after school x Total weeks _____		= \$ _____ [total after school program]		

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REGISTRATIONSUMMARY:

Total amount due for Program Fees [include total from previous page] \$ _____
Total amount due for Extended Morning [from previous page] \$ _____
Total amount due for Afterschool Program [from previous page] \$ _____
Grand Total: Program Fees and Extended Day \$ _____

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:
The Katherine Thomas School
Attention: Summer Programs, Lower/Middle School
9975 Medical Center Drive, Rockville, MD 20850

For additional information and/or questions, please call or email Dr. Nicole Abera at 301-738-9691 ext.205 nabera@tlc.org