

CHILD INFORMATION

Last Name				First				Gender		
Street Address								Apartment/Unit #		
City				State				ZIP		
Date of Birth				Age				Grade		
School										
Physical &/or Dietary Restrictions										
Medications given during the day &/or at home	Note: A Med. Auth. Form signed by your child's medical provider is needed if TLC is to give any meds									
Allergies	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If "yes," please explain							
Has your child ever been stung by a bee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If "yes," please explain any unusual reactions							
Has your child ever had a seizure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If "yes," please explain							
Areas of Special Need										

PARENT AND EMERGENCY INFORMATION

Full Name Parent/Guardian #1					Relationship		
Home Phone			Work Phone			Cell Phone	
Email Address							
Full Name Parent/Guardian #2					Relationship		
Home Phone			Work Phone			Cell Phone	
Email Address							
Emergency Contact: Full Name & Relationship					Phone		
Person #1 authorized to pick up child & Relationship							
Person #2 authorized to pick up child & Relationship							
Physician Name					Phone		

PLEASE NOTE THE FOLLOWING POLICIES / PROCEDURES:

1. Your child's registration and reports/IEP will be reviewed. You will be notified of the need for additional information or an observation.
2. A **non-refundable deposit of one-half the balance** is due with registration to reserve a space for your child; balance **must be paid** or a payment plan must be established on or before **June 1, 2018**. No refunds are given for any reason after payment is made, including absence due to illness or vacation.
3. Registrations will be considered on a first come / first served basis. TLC reserves the right to cancel any program due to insufficient enrollment.
4. Each attendee must submit proof of immunization with the registration form, which may be obtained from the child's healthcare provider.
5. 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.
6. Camper pick-up after the designated time will result in additional charges, please see parent handbook for information.
7. TLC's Summer Camps are NOT reimbursable by insurance, but *may* qualify for HSA or Flex Spending Accounts.

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

Print Parent/Guardian Name

Date

Please complete both sides of this form (Camp Dates are on page 2).

(OVER)



TLC's 2018 Summer Registration Form – Page 2 of 2

PROGRAMS & DATES – CHECK THE WEEKS YOUR CHILD WILL ATTEND

(Minimum enrollment of at least 2 consecutive weeks is required for all programs)

AGES	PROGRAM	DATES / COSTS (No Summer Programs on July 4 th)
2 ½ -5 Years	Friends Interacting Group (IG) at Gaither Road 8:45 – 11:15 a.m. and/or 1:00 – 3:30 p.m.	PLEASE CALL 301-424-5200 X147 FOR INFORMATION

3-5 Years	Little Friends Language & Learning Camp 12:30 – 3:30 p.m.	<input type="checkbox"/> 6/25 to 6/29 (\$640) <input type="checkbox"/> 7/23 to 7/27 (\$640) <input type="checkbox"/> 7/2 to 7/6 (\$512) <input type="checkbox"/> 7/30 to 8/3 (\$640) <input type="checkbox"/> 7/9 to 7/13 (\$640) <input type="checkbox"/> 8/6 to 8/10 (\$640) <input type="checkbox"/> 7/16 to 7/20 (\$640)
	Morning Movers *Must be enrolled in Little Friends program Tuesdays-Wednesdays-Thursdays 11:00 – 12:00 p.m.	<input type="checkbox"/> 6/26, 6/27, 6/28 (\$120) <input type="checkbox"/> 7/24, 7/25, 7/27 (\$120) <input type="checkbox"/> 7/3, 7/5 (\$80) <input type="checkbox"/> 7/31, 8/1, 8/2 (\$120) <input type="checkbox"/> 7/10, 7/11, 7/12 (\$120) <input type="checkbox"/> 8/7, 8/8, 8/9 (\$120) <input type="checkbox"/> 7/17, 7/18, 7/19 (\$120)

5-7 Years	Friends Together Camp Morning 9:00 – 12:00 p.m.	<input type="checkbox"/> 6/25 to 6/29 (\$665) <input type="checkbox"/> 7/23 to 7/27 (\$665) <input type="checkbox"/> 7/2 to 7/6 (\$532) <input type="checkbox"/> 7/30 to 8/3 (\$665) <input type="checkbox"/> 7/9 to 7/13 (\$665) <input type="checkbox"/> 8/6 to 8/10 (\$665) <input type="checkbox"/> 7/16 to 7/20 (\$665)
	Friends Together Camp Afternoon 12:30 – 3:30 p.m.	<input type="checkbox"/> 6/25 to 6/29 (\$665) <input type="checkbox"/> 7/23 to 7/27 (\$665) <input type="checkbox"/> 7/2 to 7/6 (\$532) <input type="checkbox"/> 7/30 to 8/3 (\$665) <input type="checkbox"/> 7/9 to 7/13 (\$665) <input type="checkbox"/> 8/6 to 8/10 (\$665) <input type="checkbox"/> 7/16 to 7/20 (\$665)
TOTAL CAMP (All programs and weeks)		\$ _____

REGISTRATION SUMMARY:

Total amount due for Program Fees	\$ _____
Total Miscellaneous Fees if needed (1-1 aide, etc.)	\$ _____
Grand Total:	\$ _____

PAYMENT OPTIONS (Payment Plans Available)

DEPOSIT [MINIMUM must be at least 50% of program fees]

- OPTION A: EARLY BIRD DISCOUNT OF \$100 WITH DEPOSIT OR FULL PAYMENT BY MARCH 1, 2018 \$ _____
- OPTION B: DEPOSIT OF 50% OF PROGRAM FEES \$ _____

BALANCE DUE BY June 1, 2018 \$ _____

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

Credit Card #: _____ Expiration Date: _____ Verification Code: _____

I authorize the payment to be charged to my credit card: _____

(Signature)

**Please mail completed form to: TLC's Summer Programs, Attn: Lisa Torvik or Email: ltorvik@ttlc.org
2092 Gaither Road – Suite 100, Rockville, MD 20850**