

TLC's Outcomes Services – Workplace Success Program – Summer 2016 Registration

Participant'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
Phone & E-mail	Phone	E-mail	
Emergency Contact One	Name		
Phone Number	Home	Work	Cell
E- mail Address	Emergency Contact One		
Emergency Contact Two	Name		
Phone Number	Home	Work	Cell
E-mail Address	Emergency Contact two		
Physical and / or Dietary Restrictions			
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," please explain	
Medications	TLC's Outcomes Services does not administer, manage or monitor OTC or prescribed medications.		
Current Medications & Purpose			
Has participant ever had a seizure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," please explain	
Areas of Special Need			
Persons Authorized to pick up participant	Name	Relationship	Name
			Relationship

DATES — Program is open to high school juniors, seniors and graduates age 22 and under

DATES		Total Fee Due
<input type="checkbox"/> 7/25/16-8/11/16	9:00am-5:00pm (Monday-Thursday)	
	Weekly charge is \$675 participant must attend all three weeks.	\$2,025.00
TOTAL FEES (Due with registration)		\$

PLEASE NOTE THE FOLLOWING PROCEDURES:

1. Application procedures vary by program and may include an on-site intake of the participant.
2. The participant 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 participant is appropriate for the program.
4. 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. Participant's who require 1:1 assistance will not be eligible for this program.
7. The TLC/The Outcomes Service Summer Workplace Success Program is NOT reimbursable by insurance, but may qualify for HSA/FLEX spending accounts.

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

Credit Card Type: _____ Credit Card #: _____

Expiration Date: _____ Verification Code (3 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 individual (put name in blank) _____ in TLC's Summer Programs and consent to emergency treatment for participant, if necessary. To the best of my knowledge there are no physical or other conditions that will interfere with participant'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 of TLC's Summer Programs.

**Please mail completed registration form to: TLC's Summer Programs
TLC's Outcomes Services – Workplace Success Program – Attn: Karen Morgret
2092 Gaither Road, Suite 100, Rockville, MD 20850**