



TLC'S 2023 SUMMER REGISTRATION FORM - PAGE 1 OF 2
Please email the completed form to summercamps@ttlc.org
Registration Deadline is June 1, 2023

CHILD INFORMATION

Last Name:		First Name:	
Street Address:			Apt/Unit #:
City:	State:	Zip:	
Date of Birth:	Age:	Grade:	
Physical &/or Dietary Restrictions:			
Medications given during the day &/or at home: (A medical authorization 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:	

PARENT INFORMATION

Full Name Parent/Guardian #1:			
Home Phone:	Work Phone:	Relationship:	
Email Address:		Cell Phone:	
Full Name Parent/Guardian #2:			
Home Phone:	Work Phone:	Relationship:	
Email Address:		Cell Phone:	
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 a play visit.
2. A payment or payment plan deposit is due with registration to reserve a space for your child.
3. No refunds are given for any reason after payment is made, including absence due to illness or vacation.
4. Registrations will be considered on a first come / first served basis. TLC reserves the right to cancel any program due to insufficient enrollment.
5. Each attendee must submit proof of immunization with the registration form, which may be obtained from the child's healthcare provider.
6. Additional charges apply for children who require a 1:1 aide, which may be determined before the start of summer programs, or once programs are in progress.
7. Camper pick-up after the designated time will result in additional charges, please see parent handbook for information.
8. 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
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(Minimum enrollment of at least 2 consecutive weeks is required)

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PROGRAMS AND DATES - SELECT THE PROGRAM AND WEEKS YOUR CHILD WILL ATTEND

10% discount per week if registering for a full day program!

Mornings

3 - 5 Years **Little Friends Morning Camp**
Monday-Friday, 9:00AM-12:00PM

5 - 7 Years **Friends Together Morning Camp**
Monday-Friday, 9:00AM-12:00PM

Pack a lunch and register for a full day program with our lunch bunch!

6/26 to 6/30 (\$775) 7/31 to 8/4 (\$775)

7/3 to 7/7 (\$620) 8/7 to 8/11 (\$775)

7/10 to 7/14 (\$775)

7/17 to 7/21 (\$775)

7/24 to 7/28 (\$775)

Total:

T-Shirt Size:

Afternoons

3 - 5 Years **Little Friends Afternoon Camp**
Monday-Friday, 12:30PM-3:30PM

5 - 7 Years **Friends Together Afternoon Camp**
Monday-Friday, 12:30PM-3:30PM

6/26 to 6/30 (\$775) 7/31 to 8/4 (\$775)

7/3 to 7/7 (\$620) 8/7 to 8/11 (\$775)

7/10 to 7/14 (\$775)

7/17 to 7/21 (\$775)

7/24 to 7/28 (\$775)

Total:

T-Shirt Size:

2.5 - 5 Years Friends Interaction Group

Please call 301-424-5200 x147 or email JBobrow@ttlc.org for information

REGISTRATION SUMMARY

TOTAL CAMP (ALL PROGRAMS AND WEEKS) \$ _____

TOTAL MISCELLANEOUS FEES IF NEEDED (I-1 AIDE, ETC.) \$ _____

GRAND TOTAL \$ _____

PAYMENT OPTIONS

OPTION A: PAYMENT IN FULL WITH CREDIT CARD \$ _____

OPTION B: PAYMENT PLAN DEPOSIT \$ _____

FINANCIAL AID (IF APPLICABLE) \$ _____

(CONTACT LTORVIK@TTLIC.ORG TO DISCUSS PAYMENT PLAN OR FINANCIAL AID OPTIONS)

10% FULL DAY WEEKLY DISCOUNT TOTAL (IF APPLICABLE) \$ _____

BALANCE DUE \$ _____

Credit Card # _____ Expiration Date _____ Verification Code _____

I authorize the payment to be charged to my credit card (signature) _____

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