

**The Katherine Thomas School**

**Lower/Middle School Learning Enrichment Program**

**2023 Summer Application Form - Page 1 of 2**

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| **STUDENT INFORMATION:** |
| **1. Student's Name:** | **2. 🞎 Male 🞎Female** |
| **3. Date of Birth:**  | **4. Age:**  | **5. Grade/School:** |
| **6. Home Address:** |  |
| **Street Address Apartment Number****Apartment Number** |
|  |
|  **City State Zip Code** |
| **7. Area of Special Need(s) and areas medical information (i.e., epilepsy, g-tube, shunt):** |
| **PARENT/GUARDIAN INFORMATION #1:** |
| **8. Parent 🞎**  **or**  **Guardian 🞎**  |  |
|  **Name Relationship** |
| **9. Phone**  **Numbers:** | **Home: Work: Cell:** |
| **10. Email:** |
| **PARENT/GUARDIAN INFORMATION #2:** |
| **11. Parent 🞎**  **or**  **Guardian 🞎**  |  |
|  **Name Relationship** |
| **12. Phone**  **Numbers:** | **Home: Work: Cell:** |
| **13. Email:** |

**FOR OFFICE USE ONLY**: 🞎 Completed Application Form w Phone Nos. 🞎 Current IEP/Reports 🞎 Invited for Visit - Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 🞎 Attendance Dates Confirmed 🞎 Emergency Info Form 🞎 Immunization Cert/ Record 🞎 School Health Profile Form

 🞎 Final Registration Form 🞎 Payment or CC Received

**Cross off if not applicable**: 🞎 DHMH Blood Lead 🞎 Medical Authorization Form 🞎 Student receives on-site meds 🞎 Medication Form

 🞎 Informed Consent/Authorization Form 🞎 EpiPen Form/Care 🞎 Photo Release Form 🞎 Internet Access Form

 🞎 Allergies Listed & Noted 🞎 Transportation Form 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**The Katherine Thomas School**

**Lower/Middle School Learning Enrichment Program**

**2023 Summer Application Form - Page 2 of 2**

**STUDENT'S NAME (print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\*No session on 7/4/2023 in observation of the holiday**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A. HALF DAY PROGRAM** | **DATES** | **HOURS** | **COST** | **TOTAL COSTS** |
|  **🞎 Week 1 (4-days)\***  |  **07/03-07/07\*** | **9:00 - 12:00** | **$384.00\*** | **\*$** |
|  **🞎 Week 2** | **07/10-07/14** | **9:00 - 12:00** | **$480.00** |  **$** |
|  **🞎 Week 3** | **07/17-07/21** | **9:00 - 12:00** | **$480.00** |  **$** |
|  **🞎 Week 4** | **07/24-07/28** | **9:00 - 12:00** | **$480.00** |  **$** |
|  **🞎 Week 5** | **07/31-08/04** | **9:00 - 12:00** | **$480.00** |  **$** |
|  **🞎 Week 6** | **08/07-08/11** | **9:00 - 12:00** | **$480.00** |  **$** |
| 1. **SUBTOTAL COST:**
 |  **A. $** |
|  **\*No session on 7/4/2023 in observation of the holiday** |  |
| **B. FULL DAY PROGRAM** | **DATES** | **HOURS** | **COST** | **TOTAL COSTS** |
|  **🞎 Week 1 (4-days)\***  |  **07/03-07/07\*** | **9:00 - 3:00** | **$592.00\*** | **\*$** |
|  **🞎 Week 2** | **07/10-07/14** | **9:00 - 3:00** | **$740.00** |  **$** |
|  **🞎 Week 3** | **07/17-07/21** | **9:00 - 3:00** | **$740.00** |  **$** |
|  **🞎 Week 4** | **07/24-07/28** | **9:00 - 3:00** | **$740.00** |  **$** |
|  **🞎 Week 5** | **07/31-08/04** | **9:00 - 3:00** | **$740.00** |  **$** |
|  **🞎 Week 6** | **08/07-08/11** | **9:00 - 3:00** | **$740.00** |  **$** |
| 1. **SUBTOTAL COST:**
 |  **B. $** |
| 1. **TOTAL COST of A and B above:**
 |  **C. $** |
|  **🞎 Payment Option 1: (** **Early Bird Discount: Less $100 if C above paid in full by 5/15/2023** | **🞎 Less $100 Early Bird Discount** **(Check box if applicable)** |
|  **🞎 Payment Option 2:**  **Pay minimum 50% deposit of C now and**  **Pay Remaining Balance due no later than 6/15/2023**  | **$ Deposit****$ Balance** |

**PLEASE NOTE THE FOLLOWING POLICIES/PROCEDURES:**

1. Student's Application and reports/IEP will be reviewed. You will be notified of the need for additional information or a play visit.

2. No refunds are given for any reason after payment is made, including absence due to illness or vacation.

3. Applications will be considered on a first-come, first-service basis. TLC reserves the right to cancel any program due to insufficient enrollment.

4. Additional charges apply for students who require a 1:1 aide, which may be determined before the start of summer programs, or once programs are in progress.

5. All **MANDATORY** forms **must** be submitted in order for student to be officially enrolled into the Learning Enrichment Program.

sharepoint/wp/awd/camp docs/2023/brochure and registration/kts/KTS Summer Program 2023 - Application Form and Steps.doc



**STEPS TO:**

**SUMMER LEARNING ENRICHMENT**

**KTS: LOWER/MIDDLE SCHOOL PROGRAM**

|  |  |  |
| --- | --- | --- |
| **STEP 1** | **PRELIMINARY APPLICATION** 1. Complete KTS Summer Application two-page form.2. If not currently a student at KTS, also attach the most recent IEP and Reports to the Application form.3. **Send** Application Packet to: **Devin Sims** **The Katherine Thomas School** **9975 Medical Center Drive** **Rockville, MD 20850 Email: dsims@ttlc.org** | **Please note:** **A submission of a Summer Application form does not guarantee placement into the program.****See Step 2** |
| **STEP 2** | **APPLICATION PACKET REVIEW and****SCHOOL VISIT INVITE**1. After review of paperwork submitted in Step 1, a KTS  staff member will contact you to let your family know  your application packet status.  2. If the preliminary application packet (with IEP/Reports, if  applicable) is approved, student may be invited to  the school for a 1-2 hour(s) visit.  | **Please note:****An invitation for a school visit does not guarantee placement into the program.****See Step 3** |
| **STEP 3** | **FINAL REGISTRATION CONFIRMATION and PAYMENT**1. Once the student is formerly approved for acceptance, we will offer a spot(s) into the KTS Summer Learning Enrichment Program. A review of the dates provided to us in the preliminary Application form will be finalized for availability and payment will be collected for the selected session(s) student is enrolled in.2. Complete and submit the following **mandatory forms** given in the Enrollment Packet: 🞎 Emergency Information Form 🞎 School Health Information Profile Form 🞎 Immunization Record/Health Immunization Certificate If applicable, please also submit the following: 🞎 Medication Administration Authorization 🞎 Maryland DHMH Blood Lead Testing Certificate 🞎 School Health Allergy History Record 🞎 EpiPen Order Form/Care Plan 🞎 Seizure History Record and Seizure Action Plan 🞎 Maryland Diabetes Medical Management Plan 🞎 Informed Consent and Authorization of Services Form 🞎 Photographic Release Form 🞎 Internet Access Agreement Form3. Complete Credit Card Payment form, if applicable4. Please **send** final completed Registration form, forms listed in #2 above, and payment to: **Devin Sims** **The Katherine Thomas School** **9975 Medical Center Drive** **Rockville, MD 20850 Email: dsims@ttlc.org** | **Please note:****Summer sessions have limited capacity and are on a first-come, first-serve basis.****If you do not submit the required information in** **Step 1 or do not pursue the school visit is Step 2, your Application will be considered to be "pending" and a spot will not be guaranteed.****Make check payable to:****The Katherine Thomas School****PLEASE TURN IN COMPLETED FORMS NO LATER THAN****FRIDAY, JUNE 2, 2023****Thank you.** |

sharepoint/wp/awd/camp docs/2023/brochure and registration/kts/KTS Summer Program 2023 - Application Form and Steps.doc