



TLC'S 2024 SUMMER REGISTRATION FORM - PAGE 1 OF 2

Please email the completed form to summerprograms@ttlc.org

Registration Deadline is June 1, 2024

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	NO	If "yes" please explain:				
	<input type="checkbox"/>	<input type="checkbox"/>					
Has your child ever been stung by a bee?	YES	NO	If "yes" please explain any unusual reactions:				
	<input type="checkbox"/>	<input type="checkbox"/>					
Has your child ever had a seizure?	YES	NO	If "yes" please explain:				
	<input type="checkbox"/>	<input type="checkbox"/>					

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. Participants picked-up after the designated time will result in additional charges, please see parent handbook for information.
8. TLC's Summer Programs 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



TLC'S 2024 SUMMER REGISTRATION FORM - PAGE 2 OF 2

(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 (*no session 7/4 for holiday)

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

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

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

- | | |
|---|--|
| <input type="checkbox"/> 6/24 to 6/28 (\$800) | <input type="checkbox"/> 7/29 to 8/2 (\$800) |
| <input type="checkbox"/> 7/1 to 7/5 * (\$640) | <input type="checkbox"/> 8/5 to 8/9 (\$800) |
| <input type="checkbox"/> 7/8 to 7/12 (\$800) | Total:
_____ |
| <input type="checkbox"/> 7/15 to 7/19 (\$800) | |
| <input type="checkbox"/> 7/22 to 7/26 (\$800) | |

Afternoons (*no session 7/4 for holiday)

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

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

- | | |
|---|--|
| <input type="checkbox"/> 6/24 to 6/28 (\$800) | <input type="checkbox"/> 7/29 to 8/2 (\$800) |
| <input type="checkbox"/> 7/1 to 7/5* (\$640) | <input type="checkbox"/> 8/5 to 8/9 (\$800) |
| <input type="checkbox"/> 7/8 to 7/12 (\$800) | Total:
_____ |
| <input type="checkbox"/> 7/15 to 7/19 (\$800) | |
| <input type="checkbox"/> 7/22 to 7/26 (\$800) | |

2.5 - 5 Years Friends Interaction Group

Please call 301-424-5200 x128 or email BBaker@ttlc.org for information

REGISTRATION SUMMARY

TOTAL PROGRAM (ALL PROGRAMS AND WEEKS)	\$ _____
10% FULL DAY WEEKLY DISCOUNT TOTAL (IF APPLICABLE)	\$ _____
TOTAL MISCELLANEOUS FEES IF NEEDED (1-1 AIDE, ETC.)	\$ _____
GRAND TOTAL	\$ _____

PAYMENT OPTIONS (Please check)

OPTION A: I AM INTERESTED IN SETTING UP A MONTHLY PAYMENT PLAN

OPTION B: I WILL PAY IN FULL WITH A CREDIT CARD

OPTION C: I WILL BE USING FINANCIAL AID (I.E. ARC RESPITE/LISS)

Credit Card # _____ Expiration Date _____ Verification Code _____

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

Office Use Only

Notes _____

Payment: _____

Total Balance Due: _____