



TLC'S 2026 SUMMER REGISTRATION FORM - PAGE 1 OF 2 Please email the completed form to summerprograms@ttlc.org

Registration Deadline is June 1, 2026

CHILD INFORMATION

Last Name:		First Name:	
Street Address:			Apt/Unit #:
City:	State:	Zip:	
Date of Birth:	Age:	Grade:	
Physical &/or Dietary Restrictions:			
Epi-pens/Medications parent/guardian will administer to your child while at Summer Program: *(see note #9 below)			
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:
Email Address:	Relationship:
Cell Phone:	
Full Name Parent/Guardian #2:	
Home Phone:	Work Phone:
Email Address:	Relationship:
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.
9. *TLC staff cannot dispense medication(s) to your child during the Summer Program, except for an epi-pen. Only a parent/guardian can administer medication(s) to your child while at Summer Program.

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 email the completed form to summerprograms@ttlc.org

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 7/3 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!

☐ 6/29 to 7/02* (\$684) ☐ 8/03 to 8/07 (\$855)
☐ 7/06 to 7/10 (\$855) ☐ 8/10 to 8/14 (\$855)
☐ 7/13 to 7/17 (\$855) **Total:**
☐ 7/20 to 7/24 (\$855) _____
☐ 7/27 to 7/31 (\$855)

Afternoons (*no session 7/3 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

☐ 6/29 to 7/02* (\$684) ☐ 8/03 to 8/07 (\$855)
☐ 7/06 to 7/10 (\$855) ☐ 8/10 to 8/14 (\$855)
☐ 7/13 to 7/17 (\$855) **Total:**
☐ 7/20 to 7/24 (\$855) _____
☐ 7/27 to 7/31 (\$855)

2.5 - 5 **Friends Interaction Group**
Years

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: _____