



**The Katherine Thomas School  
High School Learning Enrichment Program  
2025 Summer Application Fillable Form - Page 1 of 2**

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

**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: \_\_\_\_\_



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2025 Summer Application Fillable Form - Page 2 of 2**

<b>STUDENT'S NAME (print clearly):</b>				<b>Date of Birth:</b>	
<b>*NO SESSION on Friday 7/4/2025 in observation of the holiday (no before or after care for all sessions)</b>					
<b>A. HALF DAY PROGRAM</b>		<b>DATES</b>	<b>HOURS</b>	<b>COST</b>	<b>TOTAL COSTS</b>
<input type="checkbox"/> Week 1 (3-days)*	07/01 - 07/03*	8:00 - 12:00	\$306.00*	*\$	
<input type="checkbox"/> Week 2	07/07 - 07/11	8:00 - 12:00	\$510.00	\$	
<input type="checkbox"/> Week 3	07/14 - 07/18	8:00 - 12:00	\$510.00	\$	
<input type="checkbox"/> Week 4	07/21 - 07/25	8:00 - 12:00	\$510.00	\$	
<input type="checkbox"/> Week 5	07/28 - 08/01	8:00 - 12:00	\$510.00	\$	
<input type="checkbox"/> Week 6	08/04 - 08/08	8:00 - 12:00	\$510.00	\$	
<b>A. SUBTOTAL COST:</b>				<b>A. \$</b>	
<b>*NO SESSION on Friday 7/4/2025 in observation of the holiday (no before or after care for all sessions)</b>					
<b>B. FULL DAY PROGRAM</b>		<b>DATES</b>	<b>HOURS</b>	<b>COST</b>	<b>TOTAL COSTS</b>
<input type="checkbox"/> Week 1 (3-days)*	07/01 - 07/03*	8:00 - 2:00	\$477.00*	*\$	
<input type="checkbox"/> Week 2	07/07 - 07/11	8:00 - 2:00	\$795.00	\$	
<input type="checkbox"/> Week 3	07/14 - 07/18	8:00 - 2:00	\$795.00	\$	
<input type="checkbox"/> Week 4	07/21 - 07/25	8:00 - 2:00	\$795.00	\$	
<input type="checkbox"/> Week 5	07/28 - 08/01	8:00 - 2:00	\$795.00	\$	
<input type="checkbox"/> Week 6	08/04 - 08/08	8:00 - 2:00	\$795.00	\$	
<b>B. SUBTOTAL COST:</b>				<b>B. \$</b>	
<b>C. TOTAL COST of A and B above:</b>				<b>C. \$</b>	
<input type="checkbox"/> <b>Payment Option 1:</b> Early Bird Discount: Less \$100 if C above paid in full by 5/18/2025				<input type="checkbox"/> <b>Less \$100 Early Bird Discount</b> (Check box if applicable)	
<input type="checkbox"/> <b>Payment Option 2:</b> Pay minimum 50% deposit of C now <u>and</u> Pay Remaining Balance no later than 6/15/2025					
<b>Make checks payable to TLC. The following credit cards are accepted:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express Name on Card: _____ Credit Card Number: _____ Exp. Date: _____ Security Code: _____ Zip Code: _____ I authorize the balance and final payment to be charged to my credit card.  Signature: _____ Date: _____				\$ _____ 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 to KTHS in order for student to be officially enrolled into the Learning Enrichment Program.



**STEPS TO:  
SUMMER LEARNING ENRICHMENT  
KTHS: HIGH SCHOOL PROGRAM**

<p><b>STEP 1</b></p>	<p align="center"><b>PRELIMINARY APPLICATION</b></p> <p>1. Complete KTHS Summer Application two-page form. 2. If not currently a student at KTHS, also attach the most recent IEP and Reports to the Application form. 3. <b>Send</b> Application Packet to:</p> <p align="center"><b>Jaifa Polanco The Katherine Thomas School 9975 Medical Center Drive Rockville, MD 20850    Email: JPolanco@ttlc.org</b></p>	<p align="center"><u>Please note:</u></p> <p align="center"><b>A submission of a Summer Application form <u>does not</u> guarantee placement into the program.</b></p> <p align="center"><b>See Step 2</b></p>
<p><b>STEP 2</b></p>	<p align="center"><b>APPLICATION PACKET REVIEW and SCHOOL VISIT INVITE</b></p> <p>1. After review of paperwork submitted in Step 1, a KTHS staff member will contact you to let your family know your application packet status.</p>	<p align="center"><b>See Step 3</b></p>
<p><b>STEP 3</b></p>	<p><b>FINAL REGISTRATION CONFIRMATION and PAYMENT</b></p> <p>1. Complete and submit the following <b>mandatory forms</b> given in the Enrollment Packet:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency Information Form</li> <li><input type="checkbox"/> School Health Information Profile Form</li> <li><input type="checkbox"/> Immunization Record/Health Immunization Certificate</li> </ul> <p><u>If applicable, please also submit the following:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medication Administration Authorization</li> <li><input type="checkbox"/> Maryland DHMH Blood Lead Testing Certificate</li> <li><input type="checkbox"/> School Health Allergy History Record</li> <li><input type="checkbox"/> EpiPen Order Form/Care Plan</li> <li><input type="checkbox"/> Seizure History Record and Seizure Action Plan</li> <li><input type="checkbox"/> Maryland Diabetes Medical Management Plan</li> <li><input type="checkbox"/> Informed Consent and Authorization of Services Form</li> <li><input type="checkbox"/> Photographic Release Form</li> <li><input type="checkbox"/> Internet Access Agreement Form</li> </ul> <p>2. Complete Credit Card Payment form, if applicable</p> <p>3. Please <b>send</b> final completed Registration form, forms listed in #2 above, and payment to:</p> <p align="center"><b>Jaifa Polanco The Katherine Thomas School 9975 Medical Center Drive Rockville, MD 20850    Email: JPolanco@ttlc.org</b></p>	<p align="center"><b><u>Make check payable to:</u> The Katherine Thomas School</b></p> <p align="center"><b>PLEASE TURN IN COMPLETED FORMS NO LATER THAN <u>FRIDAY, JUNE 6, 2025</u></b></p> <p align="center"><b>Thank you.</b></p>