



**The Katherine Thomas School
Lower/Middle School Learning Enrichment
Program 2026 Summer Application Form - Page 1 of 2**

STUDENT INFORMATION:

1. Student's Name:		2. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
3. Date of Birth:	4. Age:	5. Grade/School:	
6. Home Address:	Street Address		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 <input type="checkbox"/>			
	Name	Relationship	
9. Phone Numbers:	Home:	Work:	Cell:
10. Email:			

PARENT/GUARDIAN INFORMATION #2:

11. Parent or Guardian <input type="checkbox"/>			
	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: _____



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STUDENT'S NAME (print clearly): _____ Date of Birth: _____

*No Session on Friday 7/3/2026 in observation of the holiday (No before or after care for all sessions)				
A. HALF DAY PROGRAM	DATES	HOURS	COST	TOTAL COSTS
<input type="checkbox"/> Week 1 (2-days)* (closed 7/3 for Holiday)	7/01-7/02*	9:00 - 12:00	\$210.00*	*\$
<input type="checkbox"/> Week 2	7/06-7/10	9:00 - 12:00	\$525.00	\$
<input type="checkbox"/> Week 3	7/13-7/17	9:00 - 12:00	\$525.00	\$
<input type="checkbox"/> Week 4	7/20-7/24	9:00 - 12:00	\$525.00	\$
<input type="checkbox"/> Week 5	7/27-7/31	9:00 - 12:00	\$525.00	\$
<input type="checkbox"/> Week 6	8/03-8/07	9:00 - 12:00	\$525.00	\$
A. SUBTOTAL COST:				A. \$
*No Session on Friday 7/3/2026 in observation of the holiday (No before or after care for all sessions)				
B. FULL DAY PROGRAM	DATES	HOURS	COST	TOTAL COSTS
<input type="checkbox"/> Week 1 (2-days)* (closed 7/3 for Holiday)	7/01-7/02*	9:00 - 3:00	\$326.00*	*\$
<input type="checkbox"/> Week 2	7/06-7/10	9:00 - 3:00	\$815.00	\$
<input type="checkbox"/> Week 3	7/13-7/17	9:00 - 3:00	\$815.00	\$
<input type="checkbox"/> Week 4	7/20-7/24	9:00 - 3:00	\$815.00	\$
<input type="checkbox"/> Week 5	7/27-7/31	9:00 - 3:00	\$815.00	\$
<input type="checkbox"/> Week 6	8/03-8/07	9:00 - 3:00	\$815.00	\$
B. SUBTOTAL COST:				B. \$
C. TOTAL COST of A and B above:				C. \$
<input type="checkbox"/> Payment Option 1: Early Bird Discount: Less \$100 if C above paid in full by 5/15/2026			<input type="checkbox"/> Less \$100 Early Bird Discount (Check box if applicable)	
<input type="checkbox"/> Payment Option 2: Pay minimum 50% deposit of C now and Pay Remaining Balance no later than 6/18/2026			\$ _____ Deposit \$ _____ Balance	
Make checks payable to TLC. The following credit cards are accepted: <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: _____ Billing Zip Code: _____ I authorize the balance and final payment to be charged to my credit card. Signature: _____ Date: _____				
<input type="checkbox"/> Payment Option 1: Early Bird Discount: Less \$100 if C above paid in full by 5/15/26			<input type="checkbox"/> Less \$100 Early Bird Discount (Check box if applicable)	
<input type="checkbox"/> Payment Option 2: Pay minimum 50% deposit of C now and Pay Remaining Balance due no later than 6/18/2026			\$ _____ 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.



**STEPS TO:
 SUMMER LEARNING ENRICHMENT
 KTS: LOWER/MIDDLE SCHOOL PROGRAM**

<p align="center">STEP 1</p>	<p align="center">PRELIMINARY APPLICATION</p> <ol style="list-style-type: none"> Complete KTS Summer Application two-page form. If not currently a student at KTS, also attach the most recent IEP and Reports to the Application form. Send Application Packet to: Janie Hammond The Katherine Thomas School 9975 Medical Center Drive Rockville, MD 20850 Email: JHammond@ttlc.org 	<p align="center"><u>Please note:</u></p> <p align="center">A submission of a Summer Application form <u>does not</u> guarantee placement into the program.</p> <p align="center">See Step 2</p>
<p align="center">STEP 2</p>	<p align="center">APPLICATION PACKET REVIEW and SCHOOL VISIT INVITE</p> <ol style="list-style-type: none"> After review of paperwork submitted in Step 1, a KTS staff member will contact you to let your family know your application packet status. 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. 	<p align="center"><u>Please note:</u></p> <p align="center">An invitation for a school visit <u>does not</u> guarantee placement into the program.</p> <p align="center">See Step 3</p>
<p align="center">STEP 3</p>	<p align="center">FINAL REGISTRATION CONFIRMATION and PAYMENT</p> <ol style="list-style-type: none"> 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. Complete and submit the following mandatory forms given in the Enrollment Packet: <ul style="list-style-type: none"> <input type="checkbox"/> Emergency Information Form <input type="checkbox"/> School Health Information Profile Form <input type="checkbox"/> Immunization Record/Health Immunization Certificate <p><u>If applicable, please also submit the following:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Medication Administration Authorization <input type="checkbox"/> Maryland DHMH Blood Lead Testing Certificate <input type="checkbox"/> School Health Allergy History Record <input type="checkbox"/> EpiPen Order Form/Care Plan <input type="checkbox"/> Seizure History Record and Seizure Action Plan <input type="checkbox"/> Maryland Diabetes Medical Management Plan <input type="checkbox"/> Informed Consent and Authorization of Services Form <input type="checkbox"/> Photographic Release Form <input type="checkbox"/> Internet Access Agreement Form Complete Credit Card Payment form, if applicable Please send final completed Registration form, forms listed in #2 above, and payment to: Janie Hammond The Katherine Thomas School 9975 Medical Center Drive Rockville, MD 20850 Email: JHammond@ttlc.org 	<p align="center"><u>Please note:</u></p> <p align="center">Summer sessions have limited capacity and are on a first-come, first-serve basis.</p> <p align="center">If you do not submit the required information in Step 1 or do not pursue the school visit in Step 2, your Application will be considered to be "pending" and a spot will not be guaranteed.</p> <p align="center"><u>Make check payable to:</u> The Katherine Thomas School</p> <p align="center">PLEASE TURN IN COMPLETED FORMS NO LATER THAN FRIDAY, JUNE 5, 2026</p> <p align="center">Thank you.</p>