



**The Katherine Thomas School
High School Learning Enrichment Program
2026 Summer Application Fillable 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
	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 <input type="checkbox"/> or Guardian <input type="checkbox"/>			
Name		Relationship	
9. Phone Numbers:		- -	- - , ext.
		Home Phone	Work Phone
			Cell Phone
10. Email:			
PARENT/GUARDIAN INFORMATION #2:			
11. Parent <input type="checkbox"/> or Guardian <input type="checkbox"/>			
Name		Relationship	
12. Phone Numbers:		- -	- - , ext.
		Home Phone	Work Phone
			Cell Phone
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)*	07/01 - 07/02*	8:00 - 12:00	\$210.00*	*\$
<input type="checkbox"/> Week 2	07/06 - 07/10	8:00 - 12:00	\$525.00	\$
<input type="checkbox"/> Week 3	07/13 - 07/17	8:00 - 12:00	\$525.00	\$
<input type="checkbox"/> Week 4	07/20 - 07/24	8:00 - 12:00	\$525.00	\$
<input type="checkbox"/> Week 5	07/27 - 07/31	8:00 - 12:00	\$525.00	\$
<input type="checkbox"/> Week 6	08/03 - 08/07	8:00 - 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)*	07/01 - 07/02*	8:00 - 2:00	\$326.00*	*\$
<input type="checkbox"/> Week 2	07/06 - 07/10	8:00 - 2:00	\$815.00	\$
<input type="checkbox"/> Week 3	07/13 - 07/17	8:00 - 2:00	\$815.00	\$
<input type="checkbox"/> Week 4	07/20 - 07/24	8:00 - 2:00	\$815.00	\$
<input type="checkbox"/> Week 5	07/27 - 07/31	8:00 - 2:00	\$815.00	\$
<input type="checkbox"/> Week 6	08/03 - 08/07	8:00 - 2:00	\$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 5/31/2026				<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 <u>and</u> Pay Remaining Balance no later than 6/18/2026				
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: _____ 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>STEP 1</p>	<p align="center">PRELIMINARY APPLICATION</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. Send Application Packet to:</p> <p align="center">Jaifa Polanco The Katherine Thomas School 9975 Medical Center Drive Rockville, MD 20850 Email: KTHSOoffice@ttlc.org</p>	<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>STEP 2</p>	<p align="center">APPLICATION PACKET REVIEW and SCHOOL VISIT INVITE</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">See Step 3</p>
<p>STEP 3</p>	<p>FINAL REGISTRATION CONFIRMATION and PAYMENT</p> <p>1. Complete and submit the following mandatory forms given in the Enrollment Packet:</p> <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 <p>2. Complete Credit Card Payment form, if applicable</p> <p>3. Please send final completed Registration form, forms listed in #2 above, and payment to:</p> <p align="center">Jaifa Polanco The Katherine Thomas School 9975 Medical Center Drive Rockville, MD 20850 Email: KTHSOoffice@ttlc.org</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 <u>FRIDAY, JUNE 5, 2026</u></p> <p align="center">Thank you.</p>