



Applicant lives with: (check one)

- Both Parents     Mother     Father     Legal Guardian     Other (Specify)

**Siblings**

Name	Age	Current School	Name	Age	Current School

These individuals are authorized to pick up the Applicant:

Name	Address	Phone number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Tuition** policies and rates are established each January by Tabula Rasa for the upcoming academic year (fees and tuition for the current academic year are set forth below and on the school website at [www.trlanguages.com](http://www.trlanguages.com)).

Sandy Springs Location

**Application Fee:**

**Matriculation Fee, Preschool:**

**Matriculation Fee, Elementary School:**

**\*Snack/Lunch Fee, Elementary School:**

- \$100 per year/per student  
 \$400 per year/per student  
 \$500 per year/per student  
 \$60 per month/per student

Tuition, Preschool, Sandy Springs

Days of attendance	Yearly (August-May)	Monthly	Paid Upfront (5% discount)
2 full days/week	\$7,000	\$700	\$6,650
3 full days/week	\$9,000	\$900	\$8,550
4 full days/week	\$11,000	\$1,100	\$10,450
5 mornings/week	\$9,000	\$900	\$8,550
5 full days/week	\$12,000	\$1,200	\$11,400

\*Snack/Lunch is included in tuition for all Preschool students.

\*For Preschool and Elementary School: If the student has allergies or food preferences parents need to bring snack/lunch from home.

Tuition, Elementary school, Sandy Springs

Grades	Yearly (August-May)	Monthly
K-5 <sup>th</sup>	\$10,000	\$1,000
2 afternoons	\$2,000	\$200
5 afternoons	\$4,000	\$400

Tabula Rasa offers three (3) tuition payment options: (a) One Payment Plan, by which yearly tuition is paid by July 1<sup>st</sup>, (b) Two Payment Plan by which 50% of yearly tuition is paid July 1<sup>st</sup> and 50% is paid by September 1<sup>st</sup>, and (c) Monthly Payment Plan as described above. All fees are required to be paid by/on February 28th (for existing students) and April 15<sup>th</sup> (for new students) to secure the space for the next scholastic year. Textbook fees, if any, are not included on the tuition.

**ALL TUITION AND RELATED FEES ARE NONREFUNDABLE.**

### Parental Agreement with Tabula Rasa The Language Academy

In signing this application, Parents/Guardians acknowledge the following terms of enrollment:

1. I assume responsibility for all tuition and fees for the full school year.
2. I accept the responsibility to keep my financial obligations current without invoice.
3. I hereby acknowledge that tuition and related fees are nonrefundable.
4. I hereby acknowledge that Tabula Rasa may organize field trips, school outings and other educational activities in which students may visit off-site locations and facilities. The school will obtain written authorization from me before my child participates in field trips and other special activities away from the facility.
5. I hereby release, hold harmless and indemnify Tabula Rasa, its office staff, teachers, assistant teachers and agents from any and all liability or damages arising as a result of injuries to my child sustained while attending school or a school function. I authorize the school to obtain emergency medical care for my child if needed.
6. I hereby give my permission for pictures taken of my child during any school activity to be used by Tabula Rasa for school-related publications.
7. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child physician, child's health status, infant feeding plans and immunization records.
8. I hereby acknowledge that I have reviewed, understood and consented to all of the terms and conditions set forth in the Tabula Rasa Parent Handbook, attached hereto and incorporated herein by this reference.
9. The school agrees to keep me informed of any incidents, illnesses and injuries which include my child.
10. My child will not be allowed to enter or leave the school without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
11. I'm aware that the school does not administer any medicine to my child, except the following (if applicable)  
 \_\_\_\_\_ Baby Wipes \_\_\_\_\_ Band Aid \_\_\_\_\_ Neosporin or similar ointment  
 \_\_\_\_\_ Sunscreen \_\_\_\_\_ Insect Repellent \_\_\_\_\_ Non-prescription ointment (Desitin, Vaseline etc)
12. I'm aware that school does not offer breakfast. I'm aware I need to send daily milk and juice from home. Snack and lunch are included in the tuition for preschool students (toddler to Pre-Kindergarten).  
 Snack/lunch are offered for a monthly cost of \$60 for elementary school students. My child will  will not  participate in the meal plan.
13. I understand the following:  
 Our Preschool/Daycare program is licensed by "Bright From the Start, Georgia Department of Early Care and Learning", License number CCLC-28269, phone number 404-657-5562, [www.decal.ga.gov](http://www.decal.ga.gov).  
 Our Elementary School program is not licensed and is not required to be licensed by "Bright From the Start, Georgia Department of Early Care and Learning", phone number 404-657-5562, [www.decal.ga.gov](http://www.decal.ga.gov)  
 Our Program is accredited by Georgia Accrediting Commission, phone number 912-632-3783, <http://gac.coe.uga.edu>.

The Parent(s)/Guardian(s) signing this Registration Form is/are responsible for the payment of tuition in accordance with the terms and conditions set forth above. Parents/Guardians hereby certify that, to the best of our knowledge, the information contained in this application is true and accurate. The Staff of Tabula Rasa may verify any part of this application material. The applicant desires to be a student at Tabula Rasa.

Date \_\_\_\_\_ X \_\_\_\_\_  
Parent Signature

Date \_\_\_\_\_ X \_\_\_\_\_  
Parent Signature

Date \_\_\_\_\_ X \_\_\_\_\_  
Authorized Representative of Tabula Rasa

### Notice of Nondiscriminatory Policy

Tabula Rasa admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at Tabula Rasa. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies and school administered programs.

**MEDICAL/EMERGENCY INFORMATION**

**Emergency Information**

Name of Child \_\_\_\_\_ Name of Parent \_\_\_\_\_ Phone number \_\_\_\_\_

Birth date \_\_\_\_\_ Last Physical Examination \_\_\_\_\_

**Emergency contact:** Name and phone number(s) of two adult relatives we may call in case of emergency when parent is not available:

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

**Child's Physician:**

\_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Hospital \_\_\_\_\_

**Health Concerns:**

Does your child suffer from any chronic conditions or allergies, does s/he have any limitations or special needs? Does the child take any medication? If yes, please explain in full on the space provided below:

\_\_\_\_\_  
\_\_\_\_\_

Does the school have permission to administer Tylenol or other medication to your child if the need arises? \_\_\_\_\_

Does the child take any medication on regular basis? \_\_\_\_\_ If yes, please specify:

\_\_\_\_\_

**Medical Release**

I hereby authorize the staff of Tabula Rasa The Language Academy to contact the persons named on this card and do authorize the named physician or his or her associates to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that the persons named on this card cannot be reached, Tabula Rasa Staff are hereby authorized to take whatever action is deemed necessary in its sole judgment for the health of the aforesaid child. Any expenses incurred for the above will be the sole responsibility of the Parent(s)/Guardian(s).

I HAVE READ, UNDERSTOOD AND AGREE TO THIS EMERGENCY RELEASE.

Date \_\_\_\_\_ X \_\_\_\_\_  
Parent Signature

Date \_\_\_\_\_ X \_\_\_\_\_  
Parent Signature

Date \_\_\_\_\_ X \_\_\_\_\_  
Authorized Representative of Tabula Rasa

**Supplemental information (for MMO and 2 year old Preschool children)**

Name of Child \_\_\_\_\_ Name of Parent \_\_\_\_\_ Phone number \_\_\_\_\_

**Eating Behavior**

Drinks: Breast feed  Bottle  Cup with lid   
 Eats: Uses spoon  Uses hands   
 How is feed: Lap  High Chair  Infant seat  Other   
 Food: Brand \_\_\_\_\_ Quantity \_\_\_\_\_ Frequency \_\_\_\_\_  
 Other: Allergies? \_\_\_\_\_  
 History of colic? \_\_\_\_\_

**Sleeping Behavior**

Where (at home): Crib  Bed   
 Rest times: \_\_\_\_\_  
 What does he/she takes to bed (blanket, bottle, pacifier, etc) \_\_\_\_\_  
 Mood upon awakening: \_\_\_\_\_  
 Other (Specify): \_\_\_\_\_

**Toilet Habits**

Your child is: Toilet Trained  Currently Toilet Trained   
 If Toilet training, does he/she indicate bathroom needs? Yes  No   
 What wears: Disposable Diapers  Pull-Ups  Other   
 Do you use: Desitin  Powder  Special Wipes  Other   
 Is diaper rash a problem? Yes  No   
 Is diarrhea or constipation a problem? Yes  No

**Miscellaneous**

What (if anything) do you do for teething? \_\_\_\_\_  
 How does child relates to strangers? \_\_\_\_\_