



APPLICATION FOR ADMISSION
Lawrenceville location

Completed application should be mailed along with the appropriate fees listed below (payable to Tabula Rasa) to:
Lawrenceville Location: "Admissions", Tabula Rasa , 1430 Riverside Pkwy, Lawrenceville GA 30043
There is no provision for a waiver of the application fees. These fees are non-refundable.

Admission Date: _____ (for office use only)

PROGRAM

- Language: French Spanish
Days: Monday Tuesday Wednesday Thursday Friday Saturday
Session: Morning Afternoon
Program: Infant Toddler 2 YO Preschool 3Yo Preschool 4 YO Pre – K
 Kindergarten 1st Grade 2nd grade 3rd grade 4th grade 5th grade

APPLICANT INFORMATION

Applicant's (Legal) Name: _____ Nickname _____

Home Address: _____

City: _____ Zip Code: _____

Home phone/Cell/Pager: _____

E-mail address: [Grid of 25 empty boxes for email address]

Birth date: _____ Birthplace: _____ Sex: M F

Language(s) spoken at home: _____

Previous school (if any): _____

PARENTS/GUARDIANS

Father: _____

Name (first, middle, last name – called)

Home address (if different from child)

Title/Company Name

Business Address

Business Telephone

Driver's License Number

E-mail Address

Mother: _____

Name (first, middle, last name – called)

Home address (if different from child)

Title/Company Name

Business Address

Business Telephone

Driver's License Number

E-mail Address

Applicant lives with: (check one)

Both Parents Mother Father Legal Guardian Other (Specify)

Siblings

Name	Age	Current School	Name	Age	Current School

In the event the Parent/Guardian cannot be reached, please call (these individuals are authorized to pick up the Applicant)

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

Tuition policies and rates are established each January by Tabula Rasa for the upcoming academic year. Snack and Lunch are included with the tuition. Field trip and material fees (if any) are not included with the tuition. If the child has any food allergies, the parents should supply all food from home.

Application Fee: \$100 per year/per student

Tuition		
Days of attendance	Monthly	Yearly (August-May)
2 full days/week	\$500	\$4750
3 mornings/week	\$500	\$4750
3 full days/week	\$650	\$6150
5 mornings/week	\$600	\$5700
5 full days/week	\$900	\$8500
Weekly tuition	\$210	N/A
Daily drop-off	\$80	N/A
Afterschool Elementary, two afternoons	\$200	\$1800
Afterschool Elementary, five afternoons	\$400	\$3600
Saturday classes	\$200	\$1800

Schools hours: 7am-6pm
Infant-Pre-K Morning program hours: 8am-1pm
 Saturday group classes hours: 9.30am-12.30pm
 If tuition is paid upfront a discount of 5% is already calculated on the amount due.

ALL TUITION AND RELATED FEES ARE NONREFUNDABLE.

We, the parents of _____, understand the fee structure. We will pay tuition on time without requesting an invoice.

Date _____ _____
 Parent Signature

Date _____ _____
 Parent Signature

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 routine transportation, field trips and other special activities away from the facility.
5. I hereby release, hold harmless and indemnify Tabula Rasa, its officers, 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 when I'm not available.
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, expect 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/lunch are offered for a monthly cost of \$50. My child will will not participate in the meal plan.

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.

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, scholarships, athletic and other 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:

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ 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? _____