Tabula Rasa
THE LANGUAGE ACADEMY

APPLICATION FOR SUMMER CAMP, 2018
SANDY SPRINGS CAMPUS

The following are our Summer Camp programs offered. Please check the box to register for each specific Summer Camp program. Snack and lunch are included with the tuition unless the child has food allergies; in such case all food needs to be brought from home. All Summer Camp tuition is non-refundable. There is no registration fee for any of our Summer Camps.
Please send your completed application along with a $100 deposit check (payable to Tabula Rasa) to: Tabula Rasa, 5855 Riverside Drive, Atlanta, Georgia 30327, no later than March 30th, 2018. The $100 deposit will be credited towards the camp tuition. The rest of the tuition should be paid no later than May 15th, 2018.

APPLICANT BIOGRAPHICAL INFORMATION

Applicant's (Legal) Name: _____ Nickname _____

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

E-mail address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Birth date: _____ Sex: M ☐ F ☐ Language(s) spoken at home: _____

Home Address: _____ Grade: _____

I'm registering my child for the

☐ June 4th – June 15th ☐ June 18th – June 29th ☐ July 2nd – July 13th ☐ July 16th – July 27th

Summer Camp details

Two Weeks Camp **PART-TIME** Time: 8am-1pm; Age: 2 months old-5th Grade Camp Tuition: $550	**Two Weeks Camp** **FULL-TIME** Time: 7.30am-6pm; Ages: 2 months old-5th Grade Camp Tuition: $700/two weeks

The following are authorized to pick up the Applicant:

Name Relation to child Phone number

1._____

2._____

Applicant lives with: (check one)

☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other (Specify)

Siblings

Name	Age	Current School	Name	Age	Current School
Name	Age	Current School	Name	Age	Current School

Sandy Springs Tel: 404-847-0829
Lawrenceville Tel: 678-985-82080
info@trlanguages.com; www.trlanguages.com

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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 the tuition for all the summer camp sessions I choose to register my child.
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 summer camp 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. The school agrees to keep me informed of any incidents, illnesses and injuries which include my child.
9. 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.
10. 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)

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_____ Date_____ X_____
Parent Signature Parent Signature

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.

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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 he/she have any limitations or special needs? 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

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