

### **APPLICATION FOR ADMISSION**

Scholastic Year 2023-2024 Johns Creek School

Completed application should be mailed along with the appropriate fees listed below (payable to Tabula Rasa) to: Lawrenceville Location: "Admissions", Tabula Rasa, 11035 Jones Bridge Rd Alpharetta GA 30022. There is no provision for a waiver of the application fees. These fees are non-refundable.

<b>Admission Date:</b>			(	(for off	ice us	se only)												
Session:	Mornin Infant	ng [	Aft To	ternoor ddler Geor	□Wed 1 □2Y gia Pr	PROGR Inesday O Presc re-K	□Thu thool Eleme	□3 entai	3YO ry Sp	Presc	choc		rsio	n Ai	ftero	care		
						ANT INI												
Applicant's (Legal Home Address:	ı) Nam	e: _							ľ	Vickn	ame	e						
City:							ome P			mber	:							_
E-mail address:	$\top$	Т	П						П		T	T	Τ				$\top$	$\Box$
Birth date:  Language(s) spoke Previous school (if	en at ho	ome:															•	
					PARE	NTS/GU	ARDIA	NS										
Father:							M	oth	er:									
Name (first, midd	lle, last	t nan	ne – o	called)			N	ame	(firs	st, mic	ddle	e, la	st na	ame	-c	allec	1)	
Home address (if	differe	ent fr	om c	child)			H	ome	add	ress (	if d	iffeı	rent	froi	m cl	hild)	)	
Title/Company N	ame						Ti	Title/Company Name										
Business Address	<u> </u>						Bı	Business Address										
Business Telephone					Bı	Business Telephone												
Driver's License Number					D	Driver's License Number												
E-mail Address					E-	E-mail Address												
Applicant lives wi		eck o			Fath	her		Le	egal <b>(</b>	Guard	lian			Othe	er (S	Spec	eify)	

#### **Siblings**

Name	Age	Current School	Name	Age	Current School
Name	Age	Current School	Name	Age	Current School
In the event the Par up the Applicant)	ent/Guardian	cannot be reached, p	please call (th	nese individuals a	re authorized to pick
Name 1.	Address		Phone	e Number	Relationship
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 or restrictions, the parents should supply all food from home. The tuition is paid via credit card each Friday for the upcoming week. GA Pre-K fees (afterschool/food) are paid for each week August-May, no refund for the weeks the school is closed.

### **Application Fee:**

**GA Pre-K Food** 

Grades	Attendance	Weekly Tuition
Infant	Full-Time	\$320
Infant	3 full days or five mornings	\$300
Infant	2 full days	\$280
Toddler-Pre-K	Full-Time	\$300
Toddler-Pre-K	3 full days or five mornings	\$280
Toddler-Pre-K	2 full days	\$260
GA Pre-K Afterschool		\$120

Schools hours:7:00 am-6:00 pmOffice Hours:8:30 am-5:30 pmInfant-Pre-K Morning program hours:8:00 am-1:00 pmGA-Prekindergarten drop off and pick-up:7:45 am, 2:15 pmElementary Afterschool Spanish Immersion:3:00 pm-6:00 pm

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

We, the parents of	, understand the fee structure given to us on a separate file. We will pay
tuition on time without requesting an invoice.	
V	
Date X Parent Signature	

Tabula Rasa Sandy Springs 5855 Riverside Drive Atlanta Georgia 30327 Tel: 404-847-0829 Tabula Rasa Lawrenceville 1430 Riverside Pkwy Lawrenceville GA 30043 Tel: 678-985-8080 Tabula Rasa Alpharetta 11035 Jones Bridge Rd Alpharetta Ga 30022 Tel: 770-663-0120

\$200 per year/per student

\$30

#### 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 I am required to give a two (2) week notice in writing of withdrawal from the school otherwise tuition and fees will be continue to be due. During those two (2) weeks, regular tuition will be charged.
- 5. If notified that your child needs to be picked up for any reason (illness or behavior), please be prepared to pick up within one hour. If unable to pick up within an hour, then parents are required to send an emergency back up to pick up otherwise Tabula Rasa will charge \$1 per minute after the hour wait time. If children are ill and it goes beyond the hour wait time, then we have the right to notify authorities and/or call emergency services.
- 6. 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.
- 7. 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.
- 8. 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.
- 9. 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.
- 10. 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.
- 11. The school agrees to keep me informed of any incidents, illnesses and injuries which include my child.
- 12. 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.

13.	l'm	aware that the school does	not administer any m	edicine 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
14.	ľm	aware that school does not	t offer breakfast. Snac	k/lunch are offered for a monthly cost of \$30/week for
	GΑ	-Prekindergarten program,	and are included in th	e tuition for students in other programs.

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	XParent Signature
Date	X

**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.

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### MEDICAL/EMERGENCY INFORMATION

# **Emergency Information**

Name of Child	Name of Parent	Phone number
Birth date	Last Physical Examinat	ion
Emergency contact: I emergency when paren	=	two adult relatives we may call in case of
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Child's Physician:		
Name	Phone Number	Hospital
•	needs? Does the child take any	food restrictions, or allergies, does s/he have any medication? If yes, please explain in full on the
arises?	•	ol or other medication to your child if the need If yes, please specify:
card and do authorize deemed necessary in a this card cannot be rea necessary in its sole ju	the named physician or his or length of the health of ched, Tabula Rasa Staff are he	uage Academy to contact the persons named on this her associates to render such treatment as may be said child. In the event that the persons named on reby authorized to take whatever action is deemed oresaid child. Any expenses incurred for the above an(s).
I HAVE READ, UND	ERSTOOD AND AGREE TO	THIS EMERGENCY RELEASE.
DateX_Parent	Signature	
DateX_Parent	Signature	
Date X		
Tabula Rasa Sandy Spr 5855 Riverside Drive	rings Tabula Rasa Lawre 1430 Riverside Pkv	<u> </u>

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

Name of Child		Name of l	Parent		Phone numbe	er
Eating Behav Drinks: Eats:	ior Breast feed Uses spoon		ottle ses hands		Cup with lid	
How is feed:	Lap [		gh Chair		Infant Seat	Other [
Food:	Brand	(	Quantity		_Frequency	
Other:	Allergies?					
	History of coli	ic?				
Sleeping Beh	<u>avior</u>					
Where (at hom	e): Crib	Ве	ed 🗌			
Rest times:						
What does he/s	she takes to bed	(blanket, bot	ttle, pacific	er, etc)		
Mood upon aw	vakening:					
Other (Specify	):					
Toilet Habits						
Your child is:	Toilet Trained	Curren	ntly Toilet	Trained		
If Toilet training	ng, does he/she i	ndicate bath	room need	s? Yes	□ No □	
What wears:	Disposable Di	apers [	Pull	-Ups	Other[	
Do you use:	Desitin	Powder [	Spec	cial Wipes	Other[	
Is diaper rash a	n problem?	Yes	No			
Is diarrhea or c	constipation a pr	oblem? Yes[	No			
<u>Miscellaneou</u>	<u>us</u>					
What (if anyth	ing) do you do f	for teething?				
How does child	d relate to strang	gers?				

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