

## APPLICATION FOR SUMMER CAMP, 2022 Sandy Springs School

The following are our Summer Camp programs offered. Please check the box to register for each specific Summer Camp program. 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. We will accept applications until there is no longer space. The \$100 deposit will be credited towards the camp tuition. The rest of the tuition should be paid no later than May 22nd, 2022. Camps are offered full-time, morning drop-off 7.30am-9am and afternoon pick-up 4.30pm-5.30pm. All food is included on the tuition, unless the student has food allergies or is an infant (younger than 1 year old), in such case all food needs to be sent from home.

## APPLICANT BIOGRAPHICAL INFORMATION Applicant's (Legal) Name: Nickname \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Father's Name: Mother's Cell: Father's Cell: Applicant lives with: (check one) Father Both Parents Mother Legal Guardian Other (Specify) Home Address: City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home phone/Cell/Pager: E-mail address: I'm registering my child for the ☐ June $20^{th}$ – June $30^{th}$ ☐ July $5^{th}$ – July $15^{th}$ ☐ July $18^{th}$ – July $29^{st}$ $\Box$ June 6<sup>th</sup> – June 17<sup>th</sup> ☐ All July (5<sup>th</sup>-29<sup>th</sup>) $\square$ All June (6<sup>th</sup>-30<sup>th</sup>) **Summer Camp details** All June (6th - $30^{th}$ )/All July Camp ( $5^{th} - 29^{th}$ ) Two Weeks Camp **FULL-TIME** FULL-TIME Time: 7:30am-5.30pm; 2 months - 5th Grade Time: 7:30am-5.30pm; 2 months - 5th Grade Camp Tuition: \$800/two weeks Camp Tuition: \$1,500/month In the event the Parent/Guardian cannot be reached, please call (these individuals are authorized to pick up the Applicant) Name Relation to child Phone number Driver License # 1.



	I'm paying the summer camp tuition by check, attached to this form I'm paying the summer camp tuition by credit card (stop by office to make payment) I'm paying the summer camp tuition by direct drafting (this option is available only for the students attending a full month, and pay yearly tuition via direct drafting)
In s	Parental Agreement with Tabula Rasa The Language Academy 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 will not organize field trips, school outings and other educational activities in which students may visit off-site locations and facilities. 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 understand the school will not provide snack/lunch if my child has allergies, or is younger than 1 year old, I will provide snack/lunch for my child/ren from home.

11.	I'm aware that the school does not administer any medicine to my child, except the following (if applicable) Baby WipesBand AidNeosporin or similar ointmentSunscreenInsect RepellentNon-prescription ointment (Desitin, Vaseline etc)
accorda our knov	rent(s)/Guardian(s) signing this Registration Form is/are responsible for the payment of tuition in noce with the terms and conditions set forth above. Parents/Guardians hereby certify that, to the best of wledge, the information contained in this application is true and accurate. The Staff of Tabula Rasa may part of this application material. The applicant desires to be a student at Tabula Rasa.
Date	X Parent Signature
Date	XParent 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, scholarships, athletic and other school administered programs.

Authorized Representative of Tabula Rasa



### **MEDICAL/EMERGENCY INFORMATION**

# **Emergency Information**

Name of Chi	ld Name of Parent	Phone number	_
Birth date	Last Physical Examina	tion	
	<pre>contact: Name and phone number(s) of is not available:</pre>	two adult relatives we may call in ca	se of emergency
	is not available.	Relationship	-
		Relationship	-
Child's Phys	sician:		
Name	Phone Number	Hospital	-
•	cerns:  iild suffer from any chronic conditions of the child take any medication? If yes,	•	
Does the schoarises?	ool have permission to administer Tyler —	nol or other medication to your child i	f the need
Does the chil	d take any medication on regular basis	? If yes, please specify:	
card and do a deemed nece card cannot b necessary in	ease orize the staff of Tabula Rasa The Languthorize the named physician or his or ssary in an emergency, for the health of the reached, Tabula Rasa Staff are herebyits sole judgment for the health of the able responsibility of the Parent(s)/Guard	her associates to render such treatmer f said child. In the event that the perso y authorized to take whatever action is foresaid child. Any expenses incurred	nt as may be ons named on this s deemed
I HAVE REA	AD, UNDERSTOOD AND AGREE TO	THIS EMERGENCY RELEASE.	
Date	X		
Date	Parent Signature X		
Date	Parent Signature  X Authorized Representative of Tabula Rasa		

5855Riverside Drive Atlanta, Georgia 30327

 $tel: 404.847.0829 \ or \ 404.409.0827$