



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. Information about tuition and fees is available in each school.

**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.
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. The school will 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)
11. School does not offer breakfast. Snack and lunch are included in the tuition for all students. The parents need to bring food from home for infants and students with food allergies or food preferences (vegetarian, vegan etc.). I’m aware I need to send daily milk/water/juice from home.
12. I understand that the 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.dec.al.gov](http://www.dec.al.gov). Our Elementary School program is not licensed and is not required to be licensed by "Bright From the Start". 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.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**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.

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

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

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

**Eating Behavior**

Drinks: Breastfeed  Bottle  Cup with lid

Eats: Uses spoon  Uses hands

Mealtime: 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 Training

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? \_\_\_\_\_