

Siblings

Name	Age	Current School	Name	Age	Current School
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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 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: \$100 per student
Matriculation Fee: \$500 per student/per year

Grades	Attendance	Tuition August - May	Paid Upfront	Paid in 10 Installments
Infant	Part-Time (M-F until 1pm)	\$14,500	\$14,500	\$1,500
Infant	Full-Time	\$17,500	\$17,500	\$1,800
Toddler-Kinder	Part-Time (M-F until 1pm)	\$12,500	\$12,500	\$1,300
Toddler-Kinder	Full-Time	\$15,500	\$15,500	\$1,600

Tabula Rasa offers three (3) tuition payment options: (a) One Payment Plan, by which yearly tuition is paid by July 1st, (b) Two Payment Plan by which 50% of yearly tuition is paid July 1st and 50% is paid by September 1st, and (c) Monthly Payment Plan as described above. All fees are required to be paid by/on February 15th (for existing students) and March 31st (for new students) to secure the space for the next scholastic year. Textbook fees, if any, are not included on the tuition.

ALL TUITION AND RELATED FEES ARE NONREFUNDABLE.

I/We are aware of all the fees and tuition for the 2026-2027 scholastic year.
 I/We agree to pay the financial obligations toward the school on time without invoice.
 I/We understand that, in case of withdrawal, the school requires 30 days' notice.

Date _____ _____
 Parent Signature
 Date _____ _____
 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

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, food restrictions, 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 _____

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Authorized Representative of Tabula Rasa

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

Name of Child	Name of Parent	Phone number
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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 relate to strangers? _____

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