



## APPLICATION FOR SUMMER CAMP, 2025

### Johns Creek 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. The summer camps are offered for 3-year-old to 5th grade.

Please send your completed application along with a \$100 deposit check (payable to Tabula Rasa) to: Tabula Rasa, 11035 Jones Bridge Rd, Alpharetta GA 30022. We will accept applications until there is no longer space. The \$100 deposit will be credited towards camp tuition. Camps are offered full-time, morning drop-off 7am-9am and afternoon pick-up 4.30pm-6.00pm. All food is included with 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 Full Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Mother’s Name: \_\_\_\_\_ Father’s Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Applicant lives with: (check one)

- Both Parents    Mother    Father    Legal Guardian    Other (Specify)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home phone/Cell/Pager: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: M  F  Language(s) spoken at home: \_\_\_\_\_

I’m registering my child for the

- June 3rd – June 14th                       June 17th – June 28th (closed June 19th)  
 July 1st – July 12th (closed July 4th)       July 15th – July 26th

#### Summer Camp Tuition: \$700 per session (two weeks)

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
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

- I'm paying the summer camp tuition by check, attached to this form
- I'm paying the summer camp tuition by credit card (call 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)



**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 and fees for the full summer camp of my choice.
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. Warning: Under Georgia law, there is no liability for an injury or death of an individual entering these premises if such injury or death results from the inherent risks of contracting COVID-19.
11. I'm aware that the school does not administer 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)
12. Snack and Lunch are included in the tuition, except the following: all food should be sent from home for infants and students with food allergies or food preferences (vegetarian, vegan etc.). Parents need to send water from home.
13. I understand that the Preschool/Daycare program is licensed by "Bright From the Start, Georgia Department of Early Care and Learning", License number CCLC-57175, phone number 770-663-0120, www.decal.ga.gov. Our Elementary School program is not licensed and is not required to be licensed by Bright From the Start, Georgia Department of Early Care and Learning, phone number 404-657-5562, www.decal.ga.gov. 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.

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

Date \_\_\_\_\_ X \_\_\_\_\_  
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, 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:

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ 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.

Date \_\_\_\_\_ X \_\_\_\_\_

Parent Signature

Date \_\_\_\_\_ X \_\_\_\_\_

Parent Signature

Date \_\_\_\_\_ X \_\_\_\_\_

Authorized Representative of Tabula Rasa