

APPLICATION FOR SUMMER CAMP, 2021 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 21st, 2021. Camps are offered only full-time. Food is not included in the tuition.

APPLICANT BIOGRAPHICAL INFORMATION	
Applicant's Full Name:	Nickname
Mother's Name:	Father's Name:
Mother'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 1st – June 11 th \square June 14 th – June 25 th \square All July (5 th -30 th) Summer Camp details	th □ July 5 th − July 16 th □ July 19 th − July 30 th
Two Weeks Camp FULL-TIME Time: 7:30am-5.30pm; Ages: 6months - 5th Grade Camp Tuition: \$750/two weeks	All June (1st-25th)/All July Camp (5th -30th) FULL-TIME Time: 7:30am-5.30pm; Ages: 6months - 5th Grade Camp Tuition: \$1,400/month
the Applicant) Name Relai	ed, please call (these individuals are authorized to pick tion to child Phone number
2. 3. ☐ I'm paying the summer camp tuition by ch ☐ I'm paying the summer camp tuition by cre ☐ I'm paying the summer camp tuition by dir	neck, attached to this form

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 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 agrees to keep me informed of any incidents, illnesses and injuries which include my child.9. My shild will not be allowed to enter or leave the school without being asserted by the parent(s).

9. IVI y	cillia will flot	be anowed to ente	n of leave the scho	oor without being escorted by the parent(s)	Ι,
pers	son authorized	by parent(s), or fa	acility personnel.		
10. I'm	aware that the	school does not a	dminister any med	licine to my child, except the following (if	
app]	licable)	Baby Wipes	Band Aid	Neosporin or similar ointment	
	Sunscreen	Insect Re	epellentNo	on-prescription ointment (Desitin, Vaseline	e)
11. Foo	d is not includ	ed in the tuition. I	Parents can bring for	food from home, or purchase it from the	
scho	ool's vendor (\$	55.5/day). The par	ents need to bring	all food from home for infants and studen	ts
with	h food allergies	s or food preference	ces (vegan etc.). Pa	arents need to send water/juice from home	٤.
12. I un	nderstand that t	he Preschool/Day	care program is lic	censed by "Bright From the Start, Georgia	
Dep	partment of Ear	rly Care and Learn	ning", License num	nber CCLC-28269, phone number 404-657	7-
556	52, <u>www.decal.</u>	ga.gov. Our Elem	entary School prog	gram is not licensed and is not required to	b
lice	nsed by "Brigh	nt From the Start,	Georgia Departme	ent of Early Care and Learning", phone	
num	nber 404-657-5	5562, <u>www.decal.</u>	ga.gov. Our Progra	am is accredited by Georgia Accrediting	
Con	nmission, phoi	ne number 912-63	2-3783, http://gac.	.coe.uga.edu.	
Parent((s)/Guardian(s)) signing this Regi	istration Form is/a	re responsible for the payment of tuition in	n

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 Chil	d Name of Parent	Phone number
Birth date	Last Physical Examination	<u> </u>
		o adult relatives we may call in case of emergency
when parent is not available:		Relationship
		Relationship
Child's Phys	ician:	
Name	Phone Number	Hospital
	ild suffer from any chronic conditions or a	llergies, does s/he have any limitations or special ase explain in full on the space provided below:
Does the scho	<u> </u>	or other medication to your child if the need
Does the child	d take any medication on regular basis?	If yes, please specify:
card and do at deemed neces card cannot be necessary in i	orize the staff of Tabula Rasa The Languag uthorize the named physician or his or her ssary in an emergency, for the health of sai e reached, Tabula Rasa Staff are hereby au	ge Academy to contact the persons named on this associates to render such treatment as may be ad child. In the event that the persons named on this athorized to take whatever action is deemed esaid child. Any expenses incurred for the above (s).
I HAVE REA	D, UNDERSTOOD AND AGREE TO TH	HIS EMERGENCY RELEASE.
Date	_ X	
Date	Parent Signature X	
Date	Parent Signature X Authorized Representative of Tabula Rasa	