

ADDITION PROCESSES ADDITION INFORMATION

## APPLICATION FOR SUMMER CAMP, 2022 Lawrenceville 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.

Please send your completed application along with a \$100 deposit check (payable to Tabula Rasa) to: Tabula Rasa, 1430 Riverside Pkwy Lawrenceville GA 30043. We will accept applications until there is no longer space. The \$100 deposit will be credited towards the last week of camp's tuition. The rest of the tuition should be paid no later than May 22nd, 2022. Camps are offered full-time, morning drop-off 7am-9pm and afternoon pick-up 4.30pm-6pm. 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.

ATTLICANT DIOGRAFINCAL INFORMATION	
Applicant's (Legal) 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 L	Language(s) spoken at home:
I'm registering my child for the	
	July $5^{th}$ – July $15^{th}$ $\square$ July $18^{th}$ – July $29^{st}$
CAMP TUITION: 260/WEEK, PAYABLE BY CRE The \$100 deposit will be credited towards the last w	
In the event the Parent/Guardian cannot be reached, ple	ease call (these individuals are authorized to pick up
1	one number Driver License #
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### 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 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. l'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)
accordance our knowle	t(s)/Guardian(s) signing this Registration Form is/are responsible for the payment of tuition in e with the terms and conditions set forth above. Parents/Guardians hereby certify that, to the best of edge, 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	X Parent Signature
Date	X

#### **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 Chile	d Name of Parent	Phone number
Birth date	Last Physical Examination	<u> </u>
	<b>contact:</b> Name and phone number(s) of two s not available:	o adult relatives we may call in case of emergency
——————————————————————————————————————	s not available.	Relationship
		Relationship
Child's Physi	<u>ician:</u>	
Name	Phone Number	Hospital
•	ild suffer from any chronic conditions or a	allergies, does s/he have any limitations or special case explain in full on the space provided below:
Does the scho		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 it	orize the staff of Tabula Rasa The Langua uthorize the named physician or his or her ssary in an emergency, for the health of sa e reached, Tabula Rasa Staff are hereby an	ge Academy to contact the persons named on this associates to render such treatment as may be id child. In the event that the persons named on this uthorized to take whatever action is deemed esaid child. Any expenses incurred for the above u(s).
I HAVE REA	D, UNDERSTOOD AND AGREE TO T	HIS EMERGENCY RELEASE.
Date	_ X	
Date	Parent Signature X	
Date	Parent Signature  X  Authorized Representative of Tabula Rasa	

1430Riverside Pkwy Lawrenceville GA 30043

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