

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 or via ACH account on the first of the month. GA Pre-K fees (afterschool/food) are paid for monthly August-May, no refund for the weeks the school is closed. Tuition is not prorated during school closures. Please see attached sheet for tuition rates.

ALL TUITION AND RELATED FEES ARE NONREFUNDABLE.

We, the parents of _____, understand the fee structure given to us on a separate file. We will pay tuition on time without requesting an invoice.

Date _____ _____
 Parent Signature

Date _____ _____
 Parent Signature

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 _____
 Authorized Representative of Tabula Rasa

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

