



APPLICATION FOR SUMMER CAMP, 2022
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.

Please send your completed application along with a \$100 deposit check (payable to Tabula Rasa) to: Tabula Rasa, 11035 Jones Bridge Alpharetta GA 30022. 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.

APPLICANT BIOGRAPHICAL INFORMATION

Applicant’s (Legal) 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 6th – June 17th June 20th – June 30th July 5th – July 15th July 18th – July 29st
 All June (1st-30th) All July (5th-29th)

CAMP TUITION: 300/WEEK, PAYABLE BY CREDIT CARD

The \$100 deposit will be credited towards the last week of camp’s tuition

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	Driver License #
------	-------------------	--------------	------------------

1. _____

2. _____

3. _____



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. I'm aware that the school does not administer any 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)

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

Date _____ X _____
Authorized Representative of Tabula Rasa

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