

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: | | |
| 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 | 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 June (1 st -30 th) \square All July (5 th -30 th) Summer Camp details | | |
| FULL-TIME Time: 7:30am-5.30pm; Ages: 6months - 5th Grade Camp Tuition: \$500/two weeks | ULL-TIME me: 7:30am-5.30pm; Ages: 6months - 5th rade amp Tuition: \$1,000/month | |
| In the event the Parent/Guardian cannot be reached, puthe Applicant) Name Relation 1. 2. | n to child Phone number | |
| I'm paying the summer camp tuition by check I'm paying the summer camp tuition by credit | x, 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. IV | ty child will not be anowed to enter of leave the school without being escorted by the parein(s), |
|--------|---|
| p | erson authorized by parent(s), or facility personnel. |
| 10. I' | n aware that the school does not administer any medicine to my child, except the following (if |
| a | oplicable)Baby WipesBand AidNeosporin or similar ointment |
| | SunscreenInsect RepellentNon-prescription ointment (Desitin, Vaseline) |
| 11. F | ood is not included in the tuition. Parents can bring food from home, or purchase it from the |
| S | chool's vendor (\$5.5/day). The parents need to bring all food from home for infants and students |
| V | ith food allergies or food preferences (vegan etc.). Parents need to send water/juice from home. |
| 12. I | understand that the Preschool/Daycare program is licensed by "Bright From the Start, Georgia |
| Γ | epartment of Early Care and Learning", License number CCLC-28269, phone number 404-657- |
| 5 | 562, www.decal.ga.gov. Our Elementary School program is not licensed and is not required to b |
| li | censed by "Bright From the Start, Georgia Department of Early Care and Learning", phone |
| n | umber 404-657-5562, <u>www.decal.ga.gov</u> . Our Program is accredited by Georgia Accrediting |
| C | ommission, phone number 912-632-3783, http://gac.coe.uga.edu. |
| Pare | nt(s)/Guardian(s) signing this Registration Form is/are responsible for the payment of tuition in |

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 Chile | d Name of Parent | Phone number |
|---|--|---|
| Birth date | Last Physical Examination | <u> </u> |
| | ontact: Name and phone number(s) of two s not available: | o adult relatives we may call in case of emergency |
| —————————————————————————————————————— | s not avanable. | Relationship |
| | | Relationship |
| Child's Physi | ician: | |
| Name | Phone Number | Hospital |
| | ld 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 | ± · · · · · · · · · · · · · · · · · · · | 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 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 | |