

Siblings

Name	Age	Current School	Name	Age	Current School
Name	Age	Current School	Name	Age	Current School

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 All fees are per child. The morning preschool program is 8:00 am-1:00 pm, the full day is 7:00 am-6:00 pm. Drop off cut off time is 9:30 am. Snacks and lunch are included in the tuition for all students, except infants and students with food allergies who should bring food from home.

Note- Effective for the 2026–2027 academic year, vacation credits will no longer apply to families participating in the monthly tuition plan. Monthly tuition rates are already discounted and calculated to account for continuous enrollment, regardless of attendance during vacation periods. Also starting in the 2026–2027 academic year, a 3% processing fee will apply to all credit card tuition payments. Families enrolled in a monthly tuition plan are reminded that payments are drafted via ACH only.

Application Fee: \$200 per year/per student

Grades	Attendance	Weekly Tuition	Monthly Tuition
Infant-Pre-K	Full Time	\$350	\$1,400
Infant -Pre-K	3 Full Days or 5 Mornings	\$320	\$1300
Infant -Pre-K	2 Full Days	\$300	\$1,200
GA Pre-K Afterschool		-	\$700
GA Pre-K Food		-	\$150

Schools hours: 7:00 am-6:00 pm
Office Hours: 8:30 am-5:30 pm
Infant-Pre-K Morning program hours: 8:00 am-1:00 pm
GA-Prekindergarten drop off and pick-up: 7:45-8:00 am, 2:30-2:45pm

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 _____ X _____
 Parent Signature

Date _____ X _____

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

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:

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 _____ _____
 Parent Signature

Date _____ _____
 Parent Signature

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

Date _____ X _____
 Authorized Representative of Tabula Rasa

Supplemental information (for MMO and 2 year old Preschool children)

Name of Child _____ Name of Parent _____ Phone number _____

Eating Behavior

Drinks: Breast feed Bottle Cup with lid
 Eats: Uses spoon Uses hands
 How is feed: Lap High Chair Infant Seat Other
 Food: Brand _____ Quantity _____ Frequency _____
 Other: Allergies? _____
 History of colic? _____

Sleeping Behavior

Where (at home): Crib Bed
 Rest times: _____
 What does he/she takes to bed (blanket, bottle, pacifier, etc) _____
 Mood upon awakening: _____
 Other (Specify): _____

Toilet Habits

Your child is: Toilet Trained Currently Toilet Trained
 If Toilet training, does he/she indicate bathroom needs? Yes No
 What wears: Disposable Diapers Pull-Ups Other
 Do you use: Desitin Powder Special Wipes Other
 Is diaper rash a problem? Yes No
 Is diarrhea or constipation a problem? Yes No

Miscellaneous

What (if anything) do you do for teething? _____

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

How does child relate to strangers? _____

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