



Application for Admission Emergency Contact/Parental Consent Form

(Both Front and Back Must Be Completed)

Child's Full Name _____ Nick Name _____

Gender _____ Date of Birth _____ Age in September (Yr./Mo) _____

Address _____ City _____ State _____ Zip _____

Home # _____

Mother's Name _____ Mother's DOB (month/day) _____

Mother's Occupation _____ Hrs. @ Work _____ Wrk. # _____

Mother's Cell # _____ Mother's E-Mail _____

Father's Name _____ Home # _____

Father's Occupation _____ Hrs. @ Work _____ Wrk. # _____

Father's Cell # _____ Father's E-Mail _____

Guardian's Full Name _____

Marital Status _____

If Parents Are Separated or Divorced, Is There Joint Custody? _____

Child Lives With? _____

Sibling's Name _____ Age _____ Name _____ Age _____

Sibling's Name _____ Age _____ Name _____ Age _____

Emergency Contact Persons

Name	Cell #	Hm. #	Wrk #
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1. _____

2. _____

3. _____

Person(s) To Whom The Child May Be Released	Relationship
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1. _____

2. _____

3. _____

Name of Child's Physician/Medical Care Provider _____ Phone _____

Special Disabilities (attach separate sheet if necessary)

Health Issues or Allergies? (include medical reactions & necessary action steps)

Medical or Dietary Information Necessary In A Medical Emergency Situation

Has The Applicant Been Diagnosed With Any Special Medical or Psychological Condition? If Yes, Please Provide Details To Help Us Better Understand (attach separate sheet if necessary)

Additional Information on Special Needs of Child (attach separate sheet if necessary)

Health Insurance Coverage for Child or Medical Assistance Benefits Policy Number #

Parent's Initials are Required Below To Indicate Parental Consent for the Following:

<u>Mother</u>	<u>Father</u>	<u>Circumstance</u>
_____	_____	To Obtain Emergency Medical Care
_____	_____	To Admin. First Aid/CPR
_____	_____	To Take Neighborhood Walks
_____	_____	Participate in Water Play
_____	_____	Use Photos, Voice Recordings, and/or Video Footage for Commercial, Marketing, Professional Development and/or Art Purposes With or Without Text

★ This Application Must Be Accompanied By A \$25.00 Non-Refundable Application Fee.

If Space Is Available, Please Register Our Child For The:

Reggio Inspired Early Childhood Program

- T/ TH 9:30am-12:15pm 3's-Young 4's Class (Sept.-May)
- M/W/F 9:30am-1:00pm 4's Class (Sept.-May)

Constructivist Alternative Approach Workshops- [For Home Schooled Children Ages 5-7/8 for MSI] 8-Classes/Session I Begins Sept. 13th & 19th/Session II begins Oct. 16th/ \$90 per session/per class

- Fall Reading & Writing Workshop T/TH 1-2:15pm Sess. I (9.13-10.9) Sess. II (10.16-11.8)
- Fall Creative Arts & Music T/TH 2:15-3:30pm Sess. I (9.13-10.9) Sess. II (10.16-11.8)
- Fall Math & Science Investigations W 2:15-3:30pm Sess. I (9.19-11.7)

This Application incorporates the Tuition/Withdrawal Policy for all TALS Educational Programs which the undersigned acknowledges understanding of as stated below. The undersigned understand that the initial non-refundable deposit (to accompany the Enrollment Contract at a later date) is due as a contingency of enrollment. A final single payment is due August 5th or dispersed payments are due beginning August 5th (see tuition fee schedule). Any payments received after the fifteenth (15th) of the month will be subject to a late charge of five percent (5%) of the total amount due.

TALS Tuition/Withdrawal Policy

A thirty day advance written notice is required if withdrawal from the program becomes necessary for any reason. Regretfully, the tuition deposit or any part of the annual tuition received at time of notice is *non-refundable*. TALS may or may not choose to issue a proportionate reimbursement (if applicable) dependent upon the ability to fill the open slot. After 30 days, reimbursement is no longer a consideration.

Signature of Father _____ Date _____
Signature of Mother _____ Date _____

2012- Office Use Only:

Applic. Recvd. _____ chk.# _____ chk. date _____ \$25 Dep. Recvd. or Not Recvd. w/ Applic. Extra Amount (after deposit \$ _____) Applied Towards Tuition for the Month of _____