

2009 SUMMER PROGRAMS REGISTRATION FORM

Child's Name: _____ Birthdate: _____ Sex: ____M ____F
(Last) (First) (Nickname)

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Address: _____
(Number/Street) (City/State) (Zip)

Home Phone: _____ Work (Guardian 1): ____ Work (Guardian 2): _____

Cell Phone (Guardian 1): _____ Cell Phone (Guardian 2): _____

Emergency Name/Phone (1): _____

Emergency Name/Phone (2): _____

Physical and/or dietary restrictions: _____

Allergies: _____

Medications given during the day and/or at home: _____

Has child ever had a seizure? ____Yes ____No Explain: _____

Current school attending (if any): _____ Current Grade _____

Area(s) of special need: _____

Who is authorized to pick up your child? _____

SESSIONS AND HOURS (No Programs July 3)

Speech-Language Program (You must enclose a current speech-language evaluation with this registration.)

Program Session	Time/Cost/Age	Indicate Choice + Cost
A: (7 weeks) June 29 – August 14	<input type="checkbox"/> 9–12 / \$3,026 (ages 3–5)* <input type="checkbox"/> 9–3 / \$4,556 (ages 6–7)	
B: (4 weeks) June 29 – July 24	<input type="checkbox"/> 9–12 / \$1,691 (ages 3–5)* <input type="checkbox"/> 9–3 / \$2,546 (ages 6–7)	
C: (3 weeks) July 27 – August 14	<input type="checkbox"/> 9–12 / \$1,335 (ages 3–5)* <input type="checkbox"/> 9–3 / \$2,010 (ages 6–7)	

* 5-year olds attending morning speech camp may enroll in the afternoon Learning Enrichment Program or OT Program on a space available basis. Contact **Julie Bobrow at 301.424.5200 x147** for more information.

Enter amount due: \$ _____

Sensory Integration/OT Program (You must enclose a current occupational therapy evaluation with this registration.)

Program Session	Time/Cost/Age	Indicate Choice + Cost
A: (7 weeks) June 29 – August 14	<input type="checkbox"/> 12:30–3:30 / \$3,740 (ages 5-7) <input type="checkbox"/> 9-12 / \$2,200 (ages 3-4, MWF)	
B: (4 weeks) June 29 – July 24	<input type="checkbox"/> 12:30–3:30 / \$2,090 (ages 5-7) <input type="checkbox"/> 9-12 / \$1,210 (ages 3-4, MWF)	
C: (3 weeks) July 27 – August 14	<input type="checkbox"/> 12:30–3:30 / \$1,650 (ages 5-7) <input type="checkbox"/> 9-12 / \$990 (ages 3-4, MWF)	

Enter amount due: \$ _____

Learning Enrichment Program

(You must enclose a current IEP or documentation of reading, writing and math levels with this registration.)

Program Session	Time/Cost	Indicate Choice + Cost
A: (6 weeks) June 29 – August 7	<input type="checkbox"/> 9–3 / \$2,784 <input type="checkbox"/> 9–12 / \$1,711	
B: (3 weeks) June 29 – July 17	<input type="checkbox"/> 9–3 / \$1,344 <input type="checkbox"/> 9–12 / \$826	
C: (3 weeks) July 20 – August 7	<input type="checkbox"/> 9–3 / \$1,440 <input type="checkbox"/> 9–12 / \$885	

Enter amount due: \$ _____

High School Program

(You must enclose a current IEP or documentation of reading, writing and math levels with this registration.)

Program Session	Time/Cost	Indicate Choice + Cost
A: (6 weeks) June 29 – August 7	<input type="checkbox"/> 8–3 / \$2,784 <input type="checkbox"/> 8–12:30 / \$1,711	

Enter amount due: \$ _____

(OVER)

Please complete both sides of this form.

Extended Day Program: Cost is \$9.00/hour or fraction of hour; ages 5 and above only.

Extended Morning No Yes Arrival Time: 8:00 a.m. Days: M T W TH F (circle requested days)

Extended Afternoon* No Yes Pick-up Time: _____p.m. Days: M T W TH F (circle requested days)

Total hours per day: _____ x \$9.00 x # of days per week: _____ x # of weeks: _____ = \$ _____

***Please note:** Extended Afternoon closes at 5:00 p.m. Late fees after 5:05 p.m. are \$1.00 per minute.

Grand total amount due for programs and extended day: \$ _____

(Include amounts from previous page)

50% due with registration: \$ _____

Balance due **June 1, 2009:** \$ _____

Please note the following procedures:

1. Application procedures vary by program.
2. Your child's application will be reviewed and you will be notified of acceptance or the need for additional information and/or an interview.
3. Receipt of TLC's Summer Program registration will be considered with first come/first serve policy if your child is appropriate for the program.
4. A **non-refundable deposit of one-half the balance** is due with registration to reserve a space for your child; balance **must be paid** on or before **June 1, 2009**. No refunds are given for any reason, including illness or vacation, after payment is made.
5. TLC reserves the right to cancel any program if there is insufficient enrollment.
6. All attendees need a health/immunization form from their doctor with the registration form.

Visa, MasterCard, Discover & American Express accepted. Make checks payable to TLC.

Credit Card Type: _____ Credit Card #: _____

Expiration Date: _____ Verification Code (3 digits on reverse side of card): _____

I authorize the balance and final payment to be charged to my credit card: (Signature) _____

PARTICIPATION AUTHORIZATION

(Must be completed to register)

I hereby approve my child's (_____) participation in TLC's Summer Programs and consent to emergency treatment for my child, if necessary. To the best of my knowledge there are no physical or other conditions that will interfere with my child's participation.

(Parent/Guardian Signature) (Date)

(Please Print Parent/Guardian Name) (Date)

Physician Name _____ Phone _____

TLC's Summer Programs assumes no liability for injury or damages arising from the result of participation in activities unless due to willful fault or gross negligence on the part of TLC's Summer Programs.

ADDITIONAL PROGRAMS

TLC offers additional programs either during or outside of TLC's Summer Program hours. **Program fees for these services are separate and additional to TLC's Summer Programs fees.** A fee schedule is available upon request.

Please check the programs below that you would like information about for your child. You will be contacted prior to camp to discuss your child's needs.

- Speech-Language Therapy/Evaluation
- Occupational Therapy/Evaluation
- Psychoeducational Testing
- Academic Tutoring

- Organizational Coaching
- Pencil Pals Handwriting Program
- Social Skills Group
- Computer Keyboarding
- Reading Readiness

PLEASE MAIL COMPLETED REGISTRATION FORM TO:

TLC's Summer Programs, Attn: Julie Bobrow, 9975 Medical Center Drive, Rockville, MD 20850