



**TLC'S 2021 SUMMER REGISTRATION FORM - PAGE 1 OF 2**  
**Please email the completed form to Lisa Torvik: LTorvik@ttlc.org**  
 Registration Deadline is June 1, 2021

**CHILD INFORMATION**

Last Name:		First Name:	
Street Address:			Apt/Unit #:
City:	State:	Zip:	
Date of Birth:	Age:	Grade:	
Physical &/or Dietary Restrictions:			
Medications given during the day &/or at home: (A medical authorization form signed by your child's medical provider is needed if TLC is to give any meds)			
Allergies	YES <input type="checkbox"/> NO <input type="checkbox"/>	If "yes" please explain:	
Has your child ever been stung by a bee?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If "yes" please explain any unusual reactions:	
Has your child ever had a seizure?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If "yes" please explain:	

**PARENT INFORMATION**

Full Name Parent/Guardian #1:			
Home Phone:	Work Phone:	Relationship:	
Email Address:			Cell Phone:
Full Name Parent/Guardian #2:			
Home Phone:	Work Phone:	Relationship:	
Email Address:			Cell Phone:
Emergency Contact: Full Name & Relationship:			Phone:
Person #1 authorized to pick up child & Relationship:			
Person #2 authorized to pick up child & Relationship:			
Physician Name:			Phone:

**PLEASE NOTE THE FOLLOWING POLICIES / PROCEDURES:**

1. Your child's registration and reports/IEP will be reviewed. You will be notified of the need for additional information or a play visit.
2. A payment or payment plan deposit is due with registration to reserve a space for your child.
3. No refunds are given for any reason after payment is made, including absence due to illness or vacation.
4. Registrations will be considered on a first come / first served basis. TLC reserves the right to cancel any program due to insufficient enrollment.
5. Each attendee for in person services must submit proof of immunization with the registration form, which may be obtained from the child's healthcare provider.
6. Additional charges apply for children who require a 1:1 aide, which may be determined before the start of summer programs, or once programs are in progress.
7. Camper pick-up after the designated time will result in additional charges, please see parent handbook for information.
8. TLC's Summer Camps are NOT reimbursable by insurance, but may qualify for HSA or Flex Spending Accounts.

**PARTICIPATION AUTHORIZATION**

I hereby approve participation of my child ( \_\_\_\_\_ ) 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

Print Parent/Guardian Name

Date



# TLC'S 2021 SUMMER REGISTRATION FORM - PAGE 2 OF 2

(Minimum enrollment of at least 2 consecutive weeks is required)

Registration Deadline is June 1, 2021

Please email the completed form to Lisa Torvik: [LTorvik@ttlc.org](mailto:LTorvik@ttlc.org)

AGES

PROGRAM

DATES/COSTS (No summer program on 7/5/21)

## PROGRAMS AND DATES - SELECT THE PROGRAM AND WEEKS YOUR CHILD WILL ATTEND

**3 - 5 Years**  
**Little Friends Camp**  
**In-Person**  
 Monday-Friday, 12:30PM-3:30PM

**5 - 7 Years**  
**Friends Together Camp**  
**In-Person**  
 Monday-Friday, 12:30PM-3:30PM

**5 - 10 Years**  
**Virtual Camp**  
 Tuesdays and Thursdays  
 9:00AM-10:00AM

**2.5 - 5 Years**  
**Friends Interaction Group**

6/28 to 7/2 (\$725)      8/2 to 8/6 (\$725)

7/6 to 7/9 (\$580)      8/9 to 8/13 (\$725)

7/12 to 7/16 (\$725)

7/19 to 7/23 (\$725)

7/26 to 7/30 (\$725)

**Total**

\_\_\_\_\_

6/29 & 7/1 (\$300)      8/3 & 8/5 (\$300)

7/6 & 7/8 (\$300)      8/10 & 8/12 (\$300)

7/13 & 7/15 (\$300)      8/17 & 8/19 (\$300)

7/20 & 7/22 (\$300)

7/27 & 7/29 (\$300)

**Total**

\_\_\_\_\_

Please call 301-424-5200 x147 or email [JBobrow@ttlc.org](mailto:JBobrow@ttlc.org) for information

## REGISTRATION SUMMARY

TOTAL CAMP (ALL PROGRAMS AND WEEKS) \$ \_\_\_\_\_  
 TOTAL MISCELLANEOUS FEES IF NEEDED (1-1 AIDE, ETC.) \$ \_\_\_\_\_  
 GRAND TOTAL \$ \_\_\_\_\_

## PAYMENT OPTIONS

OPTION A: PAY IN FULL WITH CREDIT CARD \$ \_\_\_\_\_  
 OPTION B: PAYMENT PLAN DEPOSIT \$ \_\_\_\_\_

(CONTACT [LTORVIK@TTLIC.ORG](mailto:LTORVIK@TTLIC.ORG) TO DISCUSS PAYMENT PLAN OR FINANCIAL AID OPTIONS)

BALANCE DUE \$ \_\_\_\_\_

FINANCIAL AID (IF APPLICABLE) \$ \_\_\_\_\_

BALANCE DUE AFTER FINANCIAL AID \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Verification Code \_\_\_\_\_

I authorize the payment to be charged to my credit card (signature) \_\_\_\_\_

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