



**The Katherine Thomas School  
High School Learning Enrichment Program  
2021 Summer Registration Form - Page 1 of 2**

**Note:** We are still in the process of determining the details of the summer hybrid model and will communicate them as soon as a decision is made.

**STUDENT INFORMATION:**

<b>1. Student's Name:</b>		<b>2. Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>3. Date of Birth:</b>		<b>4. Age:</b>	<b>5. Grade/School:</b>
<b>6. Home Address:</b>	Street Address		Apartment Number
	City		State
			Zip Code
<b>7. Physical and/or Dietary Restrictions:</b>			
<b>8. Medications given during the day and/or at home:</b> <small>(Note: A Medical Authorization Form, signed by your student's medical provider is needed if KTS is to administer any prescribed or OTC medications to the</small>			
<b>9. Allergies:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," please explain			
<b>10. Has student ever been stung by a bee?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," please explain any unusual reactions			
<b>11. Has student ever had a seizure?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," please explain (Seizure Form)			
<b>12. Area of Special Need(s) and areas medical information (i.e., epilepsy, g-tube, shunt)</b>			

**PARENT/GUARDIAN INFORMATION #1:**

<b>13. Parent <input type="checkbox"/> or Guardian <input type="checkbox"/></b>	#1 Name		Relationship
<b>14. Phone Numbers:</b>	Home:	Work:	Cell:
<b>15. Email:</b>			

**PARENT/GUARDIAN INFORMATION #2:**

<b>13. Parent <input type="checkbox"/> or Guardian <input type="checkbox"/></b>	#2 Name		Relationship
<b>14. Phone Numbers:</b>	Home:	Work:	Cell:
<b>15. Email:</b>			

**EMERGENCY CONTACT INFORMATION and PERSONS AUTHORIZED TO PICK UP STUDENT:**

<b>16. Emergency Contact &amp; Relationship:</b>	<b>Phone:</b>
<b>17. Person #1 authorized to pick up student and relationship:</b>	
<b>18. Person #2 authorized to pick up student and relationship:</b>	
<b>19. Physician Name:</b>	<b>Phone:</b>

**FOR OFFICE USE ONLY:**  Completed Registration Form w Ph Nos.  Current IEP/Reports  Invited for Visit - Date: \_\_\_\_\_  
 Attendance Dates Confirmed  Allergies Listed & Noted  Emergency Info Form  Payment or CC Received

**Cross off if not applicable:**  DHMH Blood Lead  Medical Authorization Form  Student receives on-site meds  Immunization Cert/ Record  
 Medication Form  School Health Form  Informed Consent/Authorization Form  Immunization Record  EpiPen Form/Care  
 Photo Release Form  Internet Access Form  Immunization Record  Other: \_\_\_\_\_

# KTS High School Learning Enrichment Program 2021 Summer Registration Form - Page 2 of 2

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A. FULL DAY PROGRAM	DATES	HOURS	COST	B. HALF DAY PROGRAM	HOURS	COST	TOTAL FEE DUE A & B Total (Full Day /Half Day)
<input type="checkbox"/> Week 1 (2-days)	07/01-07/02*	8:00-2:00	\$268.00	<input type="checkbox"/> Week 1 (2-days)	8:00-12:00*	\$176.00	\$
<input type="checkbox"/> Week 2 (4-days)	07/06-07/09*	8:00-2:00	\$544.00	<input type="checkbox"/> Week 2 (4-days)	8:00-12:00*	\$352.00	\$
<input type="checkbox"/> Week 3	07/12-07/16	8:00-2:00	\$680.00	<input type="checkbox"/> Week 3	8:00-12:00	\$440.00	\$
<input type="checkbox"/> Week 4	07/19-07/23	8:00-2:00	\$680.00	<input type="checkbox"/> Week 4	8:00-12:00	\$440.00	\$
<input type="checkbox"/> Week 5	07/26-07/30	8:00-2:00	\$680.00	<input type="checkbox"/> Week 5	8:00-12:00	\$440.00	\$
<input type="checkbox"/> Week 6	08/02-08/06	8:00-2:00	\$680.00	<input type="checkbox"/> Week 6	8:00-12:00	\$440.00	\$
<input type="checkbox"/> Week 7 (3-days)	08/09-08/11*	8:00-2:00	\$408.00	<input type="checkbox"/> Week 7 (3-days)	8:00-12:00*	\$264.00	\$

**Total A + B:**

\$

**Make checks payable to TLC.** The following credit cards are accepted:

Visa    MasterCard    Discover    American Express

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize the balance and final payment to be charged to my credit card.

Signature: \_\_\_\_\_

Option A: Early Bird Discount (7-week program)  
(\$100 discount if paid in full by 5/15/2021):

Less (\$ 100.00)

Option B: Deposit

(Min. must be at least 50% of total A+B):

\$

Balance Due no later than 6/15/2021:

\$

(Less \$100 if paid by 5/15/2021)

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

1. Student's registration and reports/IEP will be reviewed.
2. A payment or payment plan deposit is due with registration to reserve a space for student.
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-service basis. TLC reserves the right to cancel any program due to insufficient enrollment.
5. Each attendee must submit proof of immunization with the registration form, which may be obtained from the student's healthcare provider.
6. Additional charges apply for students who require a 1:1 aide, which may be determined before the start of summer programs, or once programs are in progress.
7. Student pick-up after the designated time will result in additional charges (there is no before care or after care available).
8. HS School Learning Enrichment Program is NOT reimbursable by insurance, but may qualify for HSA or Flex Spending Accounts.

**PARTICIPATION AUTHORIZATION:** I, hereby approve participation of student ( \_\_\_\_\_ ) in KTS High School Learning Enrichment Program and consent to emergency treatment for student, if necessary. To the best of my knowledge, there are no physical or other conditions that will interfere with my student's participation.

Parent/Guardian of Student Signature

Print Parent/Guardian of Student Name

Date



**STEPS TO:  
SUMMER LEARNING ENRICHMENT  
KTHS PROGRAM**

<b>STEP 1</b>	<p style="text-align: center;"><b>PRELIMINARY REGISTRATION</b></p> <ol style="list-style-type: none"> <li>Complete KTHS Summer Registration two-page form</li> <li>If not currently a student at KTHS, also attach the most recent IEP and Reports to the Registration form</li> <li><b>Send</b> Registration Packet to:  <p style="text-align: center;"><b>High School Office The Katherine Thomas School 9975 Medical Center Drive Rockville, MD 20850</b></p> <p style="text-align: center;">or <b>KTHSOoffice@ttlc.org</b></p> </li> </ol>	<p style="text-align: center;"><u>Please note:</u></p> <p style="text-align: center;"><b>A submission of a Summer Registration form does not guarantee placement into the program.</b></p> <p style="text-align: center;"><b>See Step 2</b></p>
<b>STEP 2</b>	<p style="text-align: center;"><b>REGISTRATION PACKET REVIEW and SCHOOL VISIT INVITE</b></p> <ol style="list-style-type: none"> <li>After review of paperwork submitted in Step 1, a KTHS staff member will contact you to let your family know your registration packet status.</li> </ol>	<p style="text-align: center;"><u>Please note:</u></p> <p style="text-align: center;"><b>See Step 3</b></p>
<b>STEP 3</b>	<p style="text-align: center;"><b>FINAL REGISTRATION CONFIRMATION and PAYMENT</b></p> <ol style="list-style-type: none"> <li>Once the student is formerly approved for acceptance, we will offer a spot(s) into the KTHS Summer Learning Enrichment Program. A review of the dates provided to us in the Preliminary Registration form will be finalized for availability and payment will be collected for the selected session(s) student is enrolled in.</li> <li>Complete and submit the following mandatory forms: <ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency Information Form</li> <li><input type="checkbox"/> School Health Information Profile Form</li> <li><input type="checkbox"/> Immunization Record/Health Immunization Certificate</li> </ul> <p><u>If applicable, please also submit the following:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medication Administration Authorization</li> <li><input type="checkbox"/> Maryland DHMH Blood Lead Testing Certificate</li> <li><input type="checkbox"/> School Health Allergy History Record</li> <li><input type="checkbox"/> EpiPen Order Form/Care Plan</li> <li><input type="checkbox"/> Seizure History Record and Seizure Action Plan</li> <li><input type="checkbox"/> Maryland Diabetes Medical Management Plan</li> <li><input type="checkbox"/> Informed Consent and Authorization of Services Form</li> <li><input type="checkbox"/> Photographic Release Form</li> <li><input type="checkbox"/> Internet Access Agreement Form</li> </ul> </li> <li>Complete Credit Card Payment form, if applicable</li> <li>Please <b>send</b> final date selection(s), forms and payment to:  <p style="text-align: center;"><b>High School Office The Katherine Thomas School 9975 Medical Center Drive Rockville, MD 20850</b></p> <p style="text-align: center;">or <b>KTHSOoffice@ttlc.org</b></p> </li> </ol>	<p style="text-align: center;"><u>Please note:</u></p> <p style="text-align: center;"><b>Summer sessions have limited capacity and are on a first-come, first-serve basis.</b></p> <p style="text-align: center;"><b><u>Make check payable to:</u> The Katherine Thomas School</b></p>