

TLC Academy
2009-2010 Enrollment Application

Name of Child _____
Last First Middle Nickname

Date of Birth _____ Age _____ Sex _____

Address _____
Street City State Zip

MOTHER or guardian _____

Address (if different than above) _____
Street City State Zip

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
Work Address _____ Email Address _____

FATHER or guardian _____

Address (if different than above) _____
Street City State Zip

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Work Address _____ Email Address _____

Primary email for school communications? Mother Father (Please circle)

Is child living with both parents? Yes/No If not, with whom? _____

In case of an emergency contact child's: Mother Father Both (Please circle)

Emergency Contact (other than parent). **Emergency contacts are authorized to pick up your child**

Name _____ Relationship _____

Address _____ Phone (____) _____
Cell Phone (____) _____

Name _____ Relationship _____

Address _____ Phone (____) _____
Cell Phone (____) _____

Physician's Name _____ Phone (____) _____ Last Exam _____

Dentist Name _____ Phone (____) _____ Last Appt _____

Allergies

Medical and/or emotional problems: _____

Additional issues that could affect the student's classroom abilities: _____

Last school attended: _____ Phone (____) _____

Address:

Street City State Zip

Reason for leaving:

Other Family Members:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____

List any specific fears, likes or dislikes your child has that might help us to know him/her better:

How much time does your child spend watching T.V.? _____

What do they watch? _____

What are your child's interests and favorite activities? _____

Who disciplines your child at home? _____

What method is used? _____

PROGRAM: Teacher preference (if any): _____

Toddler

8:30-2:30	Monday - Friday
8:30-2:30	Monday/Wednesday/Friday
8:30-2:30	Tuesday/Thursday

Kindergarten

9:00-3:00	Monday – Friday
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Primary

9:00-3:00	Monday – Friday
9:00-3:00	Monday/Wednesday/Friday
9:00-1:00	Monday – Friday
9:00-11:30	Monday -Thursday

Extended Day

AM
PM

Parent Signature: _____ Date: _____

Note: The following non-refundable fees must accompany this application:

* \$245.00- registration and materials * June 2010 tuition

Name of person (if any) who referred you to TLC Academy: _____

TLC Academy -Parent-School Contract - 2009-2010 School Year

Child's Name: _____ Parent's Name: _____
(Please print)

Check-in/Check Out

I agree to check my child in/out everyday. It is my responsibility to contact the office if I forget to do this.

Toilet Training

To attend the primary or kindergarten program at TLC Academy I understand that my child needs to be completely toilet trained and independent (no help needed) in the bathroom.

To attend the toddler program I understand that my child does not need to be toilet trained. I will be responsible for the following monthly diapering fee: \$25.00 (M-F), \$20.00 (M/W/F), or \$15.00 (T/Th) due with tuition on the first day of the month. The head toddler teacher is responsible for determining if a child is toilet trained and no longer needs the diapering service. The office must receive notification from the toddler teacher to remove a diapering charge.

Tuition Agreement

1. I agree to pay TLC Academy a **non-refundable** registration/materials fee as well as a tuition deposit for June upon enrollment. I understand the policy for refunding June tuition is as follows:
 - If I provide written notice of withdrawal before June 1, 2009, my June 2010 tuition will be refunded.
 - If I provide written notice of withdrawal between June 1 and July 31, 2009, June 2010 tuition will only be refunded if TLC can fill the spot that my child's vacancy created by August 31, 2009.
 - If I provide 30 days written notice of withdrawal August 1, 2009 or after, June 2010 tuition will only be refunded if TLC can fill the spot that my child's vacancy created within 30 days. I understand that I am obligated to pay the tuition for the 30 days following the date I give notice.
2. I agree to pay tuition on or before the 1st of every month. If the 1st falls on a weekend or holiday then tuition is due before the 1st.
3. If tuition is not received by the 3rd of the month, a \$15 late fee will be charged.
4. I will receive a 5% discount for full year tuition paid by September 1.
5. I will receive a 5% discount for the second child and additional children for the same family. The discount will be taken from the least expensive tuition.
6. I understand that tuition is based on the 10 month school year and tuition is due in full each month regardless of illness, weather closures or vacations.
7. I know that I will be charged \$10.00 (\$11.00 for toddler) per hour or portion of any hour if I drop my child off before the designated drop off time or after the designed pick-up time.
8. I understand that a \$25.00 fee will be applied for all returned checks.

Breaks

1. I understand that a \$40.00 per day fee applies to all students attending Miei Amici during winter, mid-winter, spring and June breaks. A \$35.00 per day fee will be charged to monthly Miei Amici users.
2. I understand that I will be charged for any days that I sign up, regardless of whether my child attends or not. I know that no refunds are given if my child does not attend.
3. I understand that Miei Amici during winter break will only be offered on the days that we have a minimum of 10 children signed up.
4. I understand that Toddler Miei Amici during winter, mid-winter, spring break, and any days open in June after school is dismissed for the year will only be offered if we have a minimum of 10 students signed up.

Vacations

1. I understand that TLC Academy does not prorate tuition and does not give credits for any breaks or vacations during the school year. If a tuition payment is due during my vacation, I know that I must submit payment before I leave, predated checks are accepted.
2. I know that written notice is required for any extended absences of a month or longer. This needs to be submitted to the office, prior to the absence.
3. In order to guarantee a space in my child's classroom upon my return, all tuition must be paid with pre-dated checks before my departure.
4. If I choose not to pay to hold my child's placement, I understand that I am withdrawing from the program and 30 days written notice is required.

Withdrawal

I agree to give thirty (30) days written notice if I plan to withdraw my child and I understand that I am obligated to pay the tuition for the 30 days following the date that I give notice. It is my responsibility to notify the school by submitting a written notice or sending an email to the office. The 30 days will be calculated from the date the notice is received.

Reduction in Schedule

I agree to give thirty (30) days written notice if I plan to reduce my child's schedule and I understand that I am obligated to pay the current tuition for the 30 days following the date that I give notice. It is my responsibility to notify the school by submitting a written notice or sending an email to the office. I understand that my June 2010 prepaid tuition will be adjusted to reflect the new schedule only if TLC can fill the spot that my child's vacancy created within 30 days of my written notice.

Parents/Guardian Signature: _____ Date: _____

**TLC Academy
Liability Release
2009-2010 School Year**

The undersigned has enrolled _____ to attend TLC Academy school activities and participate in the programs offered. In consideration, the undersigned releases and discharges TLC Academy, its officers and employees from liability of any kind to the child or the undersigned for any loss or injury to the child while participating in school or extended day program activities. The undersigned agrees that this release is intended to be as broad as permitted under the law of the State of Washington and if any part of application is found unenforceable the remainder may be enforced in full.

Parent or Guardian Signature

Child's Name

Date

TLC Academy
Consent for Emergency Treatment/Yearly Field Trip Form
2009-2010 School Year

I hereby give permission for my child _____ to:
(Please print)

- Be given emergency treatment by a qualified staff member at TLC Academy.
- Be transported by ambulance or aid car to an emergency center for treatment.
- Receive medical, surgical and hospital care, treatment, and procedures by all licensed physicians or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.
- Go on field trips scheduled and supervised by TLC Academy.

Child's Physician _____

Address _____ Phone _____

Child's Date of Birth _____

Preferred Hospital _____

Medical Insurance and Number _____

Date of Last Tetanus (or DPT) Immunization _____

Allergies (Drug or other) _____

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Emergency Contact Name _____ Daytime Phone _____
(Emergency contacts are authorized to pick children up from school)

Parent's Signature _____ Date _____

**2009-2010 TLC Academy
Emergency Contacts with Pick Up Authorization Form**

I, _____, the parent and/or the legal guardian
(Please print)

for _____, give permission for the following people to be contacted in case of an emergency and to pick up my child.

Name	Phone #	Relationship
1.		
2.		
3.		
4.		
5.		
6.		

Additional People Authorized to Pick Up, but not Emergency Contacts
ie. Carpool, neighbor, co-worker

Name	Phone #	Relationship
1.		
2.		
3.		

Please tell the authorized individual to have picture identification with them and available for the staff to review.

I understand that it is my responsibility to notify the school if I need to change this list and that the school will continue to release my child to people on this list unless notified otherwise.

Parent and/or Legal Guardian Signature

Date

Records Release Form (New Students Only)
TLC Academy 21512 NE 16th St. Sammamish, WA 98074

Name of Applicant: _____

Name of Current School: _____

Name of Teacher: _____

Address: _____

Phone Number: _____

To Applicant's School: Please release a complete transcript of classes or credits earned in the two previous years, all standardized test results and current grade to date.

To Applicant's Parents: Please sign this form to release records and return it to TLC.

I hereby give permission for the release of the information requested above and possible further contact with my child's teacher or school administration for the best possible placement of my child.

Parent/Guardian Signature: _____ Date: _____

School Registrar Signature: _____ Date: _____