



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 # _____

First Parent's Name _____ DOB (month/day) _____

Occupation _____ Hrs. @ Work _____ Wrk. # _____

Cell # _____ E-Mail _____

Second Parent's Name _____ DOB (month/day) _____

Occupation _____ Hrs. @ Work _____ Wrk. # _____

Cell # _____ E-Mail _____

Marital Status _____

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

Guardian's Full Name n/a _____

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. _____	_____	_____	_____
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2. _____	_____	_____	_____
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3. _____	_____	_____	_____
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Person(s) To Whom The Child May Be Released	Relationship
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1. _____	_____
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2. _____	_____
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3. _____	_____
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Name of Child's Physician/Medical Care Provider	Phone
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_____	_____
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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:

First Parent	Second Parent	Circumstance
_____	_____	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, Facebook, Professional Development and/or Art Purposes With or Without Text

★First Time Applications Must Be Accompanied By A \$25.00 Non-Refundable Application Fee.

Class Options [Children need to have turned 3 prior to Sept. 1st, 2017]

Please "√" Class Choice(s) & Number in Order of Preference

1=First Choice (& Only Choice)-or if flexible- number 2,3 & 4= Last Choice

2 Day Class Options

- # "√" _____
- T/Th 9am-1pm *[3's Class]
- T/Th 9am- 3:30pm *(3's Class/min. of 2 children req.)
- M/W 9am-1pm *[4's Class]
- M/W 9am-3:30pm *(4's Class/min. of 2 children req.)

4 Day Class Option

- # "√" _____ [3-4's Classes]
- M/T/W/Th 8:45am-1:30pm
- M/T/W/Th 8:45am-3:30pm (3 children req.)

*Class may combine w/ 3's or 4's-if enrollment determines a need to do so]

3 Day Class Options

- # "√" _____ [3-4's Classes]
- T/W/Th 9am-1pm
- T/W/Th 9am-3:30pm [req. min. of 3 children]

5 Day Class Option

- # "√" _____ [3-4's Classes]
- M-F 9am-1pm (req. min. of 3 children)
- M-F 8:30am-4pm (req. min. of 3 children)

►If multiple requests are received at the identical time for classes with restricted availability, then requests will be placed into a lottery drawing and names will be selected randomly or placed on a waiting list.

TALS Tuition/Withdrawal Policy

A thirty-day advance written notice is required if withdrawal from the program becomes necessary for any reason. Regretfully, the program fee, 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 for Sept.-May programs only) dependent upon the ability to fill the open slot. After 30 days, reimbursement is no longer a consideration. This Application incorporates the Tuition/Withdrawal Policy for all TALS Educational Programs which the undersigned acknowledges understanding of as stated. The undersigned understand that the initial non-refundable deposit & monthly program tuition is due as a contingency of enrollment. For Sept.-May/June programs, a total balance-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.

Signature of Parent _____ Date _____
Signature of Second Parent _____ Date _____

20 - Office Use Only:

Date Recvd. _____ App. Chk.# _____ Chk. Date _____ Lottery: Y N Class Assigned: 1st 2nd 3rd