



**Talking Time Learning Center, Inc.**  
**15515 Stony Creek Way**  
**Noblesville, IN 46060**  
**Phone: 317-776-9000**  
**Fax: 317-776-9016**

## APPLICATION FORM

Today's Date: \_\_\_\_\_

Child' Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Age: (please note the adjusted age if premature): \_\_\_\_\_

Program Interested In Attending: **Therapeutic:** \_\_\_\_\_ **Language Enrichment:** \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Siblings: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Father's Cell# \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Father's Work # \_\_\_\_\_

Email Address: \_\_\_\_\_

**MEDICAL INFORMATION:**

Child's Pediatrician: \_\_\_\_\_ Pediatrician's Phone: \_\_\_\_\_

- |  |                  |
|--|------------------|
| <input type="radio"/> Are there any known food allergies?  | Yes_____ No_____ |
| <input type="radio"/> Any known environmental allergies?   | Yes_____ No_____ |
| <input type="radio"/> Does your child see an ENT?  | Yes_____ No_____ |
| <input type="radio"/> Is there a history of ear infections?  | Yes_____ No_____ |
| <input type="radio"/> If yes, approximately how many?  | _____            |
| <input type="radio"/> Does your child have PE tubes in ears?                                       | Yes_____ No_____ |
| <input type="radio"/> Are there any other medical conditions or restrictions we should know about? | Yes_____ No_____ |

- Please explain if answered yes to any of the above \_\_\_\_\_  
\_\_\_\_\_

**THERAPY INFORMATION:**

- Does your child currently receive any therapy services? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, what therapies does your child receive and how frequent?

\_\_\_\_\_  
\_\_\_\_\_

- Is therapy provided by: First Steps \_\_\_\_\_ School System \_\_\_\_\_  
Insurance \_\_\_\_\_ Private \_\_\_\_\_

- Does your child have any sensory integration difficulties? Yes \_\_\_\_\_ No \_\_\_\_\_  
Not Sure \_\_\_\_\_

- If yes please explain: \_\_\_\_\_  
\_\_\_\_\_

**PROGRAM INFORMATION:**

- Please circle how many days you are interested in attending:.  
1 2 3 4 5

- Do you prefer to attend the morning session (8:30 – 11:30): \_\_\_\_\_  
afternoon session (12:30 – 3:30): \_\_\_\_\_

- Which days would you prefer?: Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thur. \_\_\_ Fri. \_\_\_

**PLEASE NOTE THAT REQUESTED DAYS ARE NOT A GUARENTEE. PLACEMENT IS DETERMINED BY AVAILABILITY AT THE TIME OF ADMISSION.**

**ADDITIONAL INFORMATION:**

- Please list other people that are authorized to pick up your child if needed:
  1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to your child: \_\_\_\_\_
  2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to your child: \_\_\_\_\_
  3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to your child: \_\_\_\_\_

- Has your child ever attended any daycare, pre-school or Mother's Day Out program?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- Please list any current medications your child is taking: \_\_\_\_\_
- Do you have any social concerns or developmental concerns about your child?  
\_\_\_\_\_
- Does your child wear diapers or need help with toileting? \_\_\_\_\_
- How did you hear about us? \_\_\_\_\_

**AGREEMENT:**

In consideration of Talking Time Learning Center, and upon acceptance of our child into the program, we agree to the following:

1. **Accept the fees for the evaluation and registration to reserve my child's placement in the program. The registration fee is charged one time per year.**
2. **Payment to Talking Time may be made via check, credit card or electronic transfer (EFT), those that use credit card for payments a one time fee of \$25.00 will be accessed to cover our processing cost.**
3. **To fully agree to make our payments on or before the due dates. If payment is more than seven (7) days late a \$20.00 late fee will be charged to your account. A \$40.00 fee will be charged to your account for a returned check to Talking Time. If a check gets returned on two instances, TTLC will require the account be placed on credit card or EFT.**
4. **I understand that I may NOT bring my child if he/she presents with a fever (100.0 or higher) or having diarrhea. I understand that our child must be fever free and diarrhea free for at least 24 hrs before attendance would be permitted in the program.**
5. **I realize my child could be subjected to communicable disease, even though all possible precautions will be taken by the staff.**
6. **I give permission for my child to take part in all activities of the Learning Center.**
7. **Unscheduled visits by a custodial parent/guardian of the child shall be permitted at any time the Center is caring for the child (observe from viewing windows).**
8. **I will provide the Learning Center proof that immunizations are up to date.**
9. **If for some reason my child becomes a disciplinary problem to the staff and all means have been used to correct the situation, I agree at the request of one of the Directors to withdraw my child from Talking Time.**

**Make-up Policy for Language Enrichment**

I understand that Language Enrichment classes **do not** receive make-up days. In the event of a family vacation, TTLC will charge half of your child's tuition for that week, (if a written notice is given prior to the vacation time). If the school is closed due to a weather related issue, a make-up class will be offered on a Friday afternoon (12:30-3:30).

**Parent Initials:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

**Make-up Policy for Therapeutic Program**

**Therapeutic Program (speech) make-ups will be honored under the following guidelines.**

- Make-ups are limited to three (3) per 12 week session.
- Make-ups **MUST** be completed within the same session. No Exceptions!!



I understand that dismissal time at TTLC for the morning program is 11:30am and for the afternoon program is 3:30pm. Upon the first late pick-up you will be given one (1) red slip warning and upon the second late pickup I will be charged \$1.00 per minute that I am late. This \$1.00 per minute late pick up fee also applies to the Lunch Bunch Program (ends at 12:30) and Aftercare/Social Skills Program (ends at 4:30pm).

**Parent Initials:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

**Key Fob Deposit:**

For each key that a family check's out a \$10.00 deposit will be charged. A \$10.00 refund will be given you once the key is no longer needed and returned to the front office. If the key is lost and/or not returned the \$10.00 deposit will not be returned to you.

**Parent Initials:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

\_\_\_\_\_  
**Parent Name (please print)**

\_\_\_\_\_  
**Parent signature**

**Revised 7/07**