



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's Name: _____ Date of Birth: _____

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

Program Interested In Attending: Therapeutic/Speech: _____ Enrichment Program: _____

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: _____

- Are there any known food allergies? Yes _____ No _____
- Any known environmental allergies? Yes _____ No _____
- Does your child see an ENT? Yes _____ No _____
- Is there a history of ear infections? Yes _____ No _____
- If yes, approximately how many? Yes _____ No _____
- Does your child have PE tubes in ears? Yes _____ No _____
- 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 _____

Is Speech covered by 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

Which days would you prefer? Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____

I want my child to attend the Lunch Bunch Program 11:30-12:30 (\$5.00 Daily)

Mon _____ Tues _____ Wed _____ Thur _____ Fri _____

I want my child to attend the After Care Program from 12:30 to 4:30 (\$15.00 Daily)

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: _____
- 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? _____



Talking Time Learning Center, Inc.

AGREEMENT:

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

1. To fully accept the fees for the entire session that my child enters. In the event I do not plan on returning for the next session I will give Talking Time Learning Center a two week notice. (Sessions: Fall-Spring-Summer)
2. Accept the fees for the evaluation, registration and supply fee to reserve my child's placement in the program. The Registration fee (\$75.00) is chartered one time per year. Summer Session Only is \$50.00
3. Payment to Talking Time may be made via check, credit card or electronic transfer (EFT), those that use credit card for payments will be accessed a 3% fee of invoice total each time card is used. We Do Not Accept American Express or Discover. 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 additional efforts to collect unpaid fees are required you understand and agree to pay for any and all cost of collection, involving, but not limited to, filing and attorney fees required.
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 for at least 24 hrs before attendance would be permitted in the program. (Without the use of Tylenol and etc. to mask fever.)
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.
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.
10. Key Fobs: A \$10.00 fee will be charged to replace if lost. All key fobs must be returned when leaving the program in order to receive your deposit refund.

LATE PICK UP POLICY FOR ALL TTLC/WELKER FELLER PROGRAMS.

Our morning session ends at 11:30am, our Lunch Bunch ends at 12:30 and our After Care program ends at 4:30. In the event you are late picking your child up at these times, TTLC will assess you a fee of \$1.00 per minute you are late.

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). These are to be five consecutive days/not broken up. TTLC does NOT credit accounts for missed attendance.

Parents Initials: _____ Date: _____ 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 summer session and four (4) for Spring and (4) Winter Sessions.
 - Make-ups MUST be completed within the same session. No Exceptions!!
 - You must call the office or give prior notice of you child's absence for a make-up to be honored. Calling allows us to make that day available to others that need to make up a speech session.
 - Talking Time Learning Center does NOT credit accounts for missed days.
 - TTLC does not charge for days school is closed for the holidays.
- Parents Initials: _____ Date: _____ Staff Initials: _____

SNOW DAYS

In the event that school is closed due to the weather, a make up will take place on flex days in May if needed. Snow days will not count towards the Therapeutic Program's "4 make-up maximum policy". TTLC will have a message on the voicemail (317-776-9000) by 7:00am announcing that we will be closed. We follow Noblesville school system for two (2) hr delays and school closings due to weather. Class would start @10:30 and end @ 1:30pm. After care pick-up hours remain the same. (4:30 pm).

Parents Initials: _____ Date: _____ Staff Initials: _____

TUITIONS POLICY AGREEMENT

Payment: By signing below I understand that my child's four (4) week tuition payment must be paid in full by/or on my child's start date. I also understand by signing below I am responsible for all fees and that these fees are non-refundable once space has been accepted and reserved for my child to a session. (Fall-Spring-Summer).

A two (2) week written notice **MUST BE** given if you decide **not** to stay for the next upcoming session. By signing below I agree to pay or authorize TTLCC, Inc. to charge the credit card number/EFT account number that I provided below. If I terminate my session commitment early for **ANY** reason. (For example: a family leaves three (3) weeks prior to the end date of a session started they will still be charged their child's tuition for those three (3) weeks.

Parents Initials: _____ Date: _____ Staff Initials: _____

AN ACTIVE CREDIT CARD OR EFT ACCOUNT NUMBER MUST BE KEPT ON FILE BY TTLCC FOR YOUR CHILD TO ATTEND A SESSION !!!!! PLEASE PROVIDE THE FOLLOWING INFORMATION:

Credit Card Type Visa MasterCard

Credit Card Account # _____ Three (3) digit number on back _____

Expiration Date: _____

Card Holders Name: _____

Billing Address and Zip Code _____

Card Holders Signature: _____ Date _____

I have read and understand all of the above information.

(print parent name)

&

Parent Signature Date

Late Tuition Policy:

I understand that a late fee of \$20.00 will be assessed to my account in the event that my account is not paid within seven (7) days of due date.

Parents Initials: _____

Staff Initials: _____

Return Check Policy: I understand that if a check is returned I am responsible for the bank's AND TTLC's processing fee of \$40.00. I agree that if two of my checks are returned my account from that point on can only be paid by active credit card or cash.

Parent Initials: _____

Staff Initials: _____

Credit Card Payments:

I understand that if I pay my account with active credit card there will be a 3% processing fee of the total amount to cover the amount TTLC is charged for processing.

Parents Initials: _____

Staff Initials: _____

Late Pick Up Policy:

I understand dismissal time at TTLC for the morning program is 11:30am and for the lunch bunch program is 12:30pm and after care/ social skills program ends at4:30pm. Upon the first late pick-up I will be given one (1) red slip warning and upon the second (2) I can/will be charged a late fee of \$1.00 per minute I am late.

Parents Initials: _____

Staff Initials: _____

Key Fob Deposit: For each key that a family checks out a \$10.00 deposit will be charged. A \$10.00 refund will be given to you once the key is returned to front office. If a key is lost and/or not returned the deposit will not be refunded.

Parents Initials: _____

Staff Initials: _____

Parents Name (please print): _____

Parents Signature; _____

Date: _____

Vaccine	Type of vaccine ¹ (generic abbreviation)	Date given (month/day/yr)	Route	Site given (RA, LA, RT, LT)	Vaccine			Vaccine Information Statement		Signature/initials of vaccinator
					Lot #	Mfr.	Expiration Date	Date on VIS ²	Date given ³	
Influenza ⁴ TIV (inactivated) LAIV (live, attenuated)										
HPV										
Other										

Adapted from the Immunization Action Coalition Vaccine Administration Record