

TILDEN PREPARATORY SCHOOL

1231 Solano Ave
Albany, CA 94706
Telephone: 510-525-5506
Fax: 510-525-5508
Website: www.tildenprep.com



1475 N Broadway, Suite 200
Walnut Creek, CA 94596
Telephone: 925-933-5506
Fax: 925-933-5507
Website: www.tildenprep.com

Registration Form 2020-2021

Today's Date: _____

Campus: Albany Walnut Creek
 Full Time Part Time Tutoring Only

Student Information

Is the student new to Tilden? Yes No

First Name: _____ Middle Initial: _____ Last Name: _____

Sex: Male Female Student's Birthdate: _____

Gender Identification (optional): _____ Student's Cell Phone: (_____) _____

Student's Email: _____ Student's Google Hangouts Email: _____

Student's Birth City: _____ State: _____ Country: _____

Name of Current/Previous School: _____

Current Grade Level: _____ Expected Year of HS Graduation: _____

Concurrent enrollment students: **Permission from the primary school if needed?** Yes No

Parent/Guardian Information

Additional Parent/Guardian Information

Name (first & last): _____ Name (first & last): _____

Address: _____ Address (if different): _____

City: _____ Zip code _____ City: _____ Zip code _____

Email: _____ Email: _____

Home Phone: (_____) _____ Home Phone: (_____) _____

Work Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Cell Phone: (_____) _____

Would you like us to schedule a substitute if your student's teacher is absent? Yes No

We take photos of students at clubs and events for use in promotional materials such as our website, newsletter and other media. **Do you authorize Tilden Prep to use your student's photo for promotional use?** Yes No

Who referred you to us? _____

Please list the subject(s) that your student plans to study at Tilden and the days/times available:

Subject(s): _____

All Day(s) & Times Available: _____

Please provide any additional information about your student's learning style, suggestions for your student's instructor or other special circumstances. If your student has a documented learning difference, a 504 plan, or an IEP, please provide this information. Please provide us with a copy of any IEP, 504, or neuropsych report.

Parent Consent Form – 2020-2021

We are happy that you have chosen to enroll your student at Tilden Preparatory School for the 2020-2021 school year. Due to the combination of one-to-one and small group instruction and our mastery learning approach, we consistently see students make tremendous gains in their knowledge, study skills, and feelings of confidence and self-esteem. We have also found that as this approach is different from what parents are accustomed to, there can occasionally be misunderstandings. Please download and review our “Parent and Student Handbook”. Below are some aspects of our program that we would like to make sure you fully understand and agree to. **Please initial each point below:**

_____ I understand that **Tilden is a mastery learning program** and the teacher will work with my student until they reach an 80% or higher level of mastery of the subject matter. If the pace is slowing down because of difficulty with this level of mastery, and if a level of 70% (C) is acceptable to all concerned, Tilden will make this accommodation by written agreement.

_____ I understand that mastery learning means **my student’s course may take more or less time than the estimated number of sessions per semester** noted in the Parent and Student Handbook (30-35 for most courses, 40-45 for honors, 36-40 for lab sciences, 45-55 for AP courses). Completion rates vary based upon homework completion, attendance and timeliness, maintaining focus in class, prerequisite subject knowledge, and/or learning challenges that affect acquisition of course material. I understand that a repeated course may take less time than a new course, but this is dependent upon how much mastery was achieved and retained in the original course as well as the factors noted above.

_____ I understand that **Tilden can never guarantee an “A”**. Sometimes students who have received a “B” have a desire to work longer with the hope of raising their grade. If a student has retaken a final and has not successfully raised their grade from a “B” to an “A”, before they make a third attempt, there will be a conference with the parent, student, and Head of School to assess the student’s genuine interest in the material and readiness to work to a higher level of understanding.

_____ I understand that **there is a \$500.00 non-refundable deposit for full-time students and a \$200.00 non-refundable application deposit for part-time and tutoring students due with registration forms**. If I have an existing Tilden account with funds exceeding the deposit due, I agree that the deposit may be deducted from my account. This deposit will be applied toward tuition and fees when the student begins their course(s). Registration forms will be processed and students will be scheduled only after the deposit has been received. For students registering after fall session begins, scheduling may take up to one week after all registration materials are received.

_____ I understand that **tuition is paid four weeks in advance** (based on estimated hours of instruction) for all classes **and that an additional four weeks Schedule Deposit is required**. I understand that if my student is enrolled at Tilden full-time, I will receive an email when my register has \$1,000.00 left to give me plenty of time to send payment. Whether my student is enrolled full-time, part-time, or for tutoring only, I understand I will receive an email when my register has \$500.00 left and again when it is at \$250.00. I understand that once my register reaches \$0, I have until 5:00 p.m. to make a payment, and that **if I do not make a payment by 5:00 p.m., my student’s class(es) will automatically be put on hold until I am able to do so**. I understand that if this occurs, Tilden cannot guarantee that my student will have the same teachers or time slots once the classes are reactivated.

_____ I understand that **it is my responsibility to log onto my student’s progress reports** to see how they are doing in their course(s). Please refer to the Parent Student Handbook for instructions on accessing the progress reporting system.

_____ I understand that **if my student will miss a class, I must notify my student’s teacher(s) and school administration by email prior to the start of class** in order to avoid being charged the full rate per cancelled class session. I understand that cancellations with proper notice will be billed at the reduced rate of \$55/session.

_____ I understand that **if I need to discontinue courses or cancel my reserved schedule, I need to provide four weeks, excluding school closures, written notice by email to the Heads of School. I understand that I am responsible for four weeks (20 school days) of payment** at the full class rate should I choose to discontinue my class; my schedule deposit will be forfeited.

_____ I understand that if my student’s teacher is absent, **Tilden will make every effort to arrange for a substitute teacher unless I designate my preference for no substitutes on this form**. If a substitute teacher is assigned and my student will be absent, I understand that I need to email the substitute and administration before the start of class to qualify for a reduced rate cancellation.

_____ I understand that **in the event of an announced school closure, classes will be conducted remotely by Google Hangouts** in order to provide consistency for both students and teachers. If a teacher is unable to conduct the course, Tilden will attempt to arrange a substitute teacher. If the student is unable to attend the class, the protocol will be as usual, but we will extend the lower cancellation rate (\$55/hr.) for all cancellations during the closure. In the event of a school closure, if I elect to withdraw the student, the usual withdrawal policy will apply, but at the reduced cancellation rate. I confirm that **my student has access to the internet and to a computer with a camera and a working microphone**.

_____ I understand that emails and/or phone calls to teachers beyond occasional, brief questions **will be billed at the regular rate.**

_____ I understand that Tilden has a strict policy regarding cell phone use in school. **If my student takes a cell phone out during class or study hall, my student's cell phone will be taken** for the remainder of the day and a parent will be notified. On a third occurrence, my student will be sent home for the remainder of the day and I will be charged for any remaining classes that my student has scheduled that day.

_____ I understand that **Tilden has a policy on academic integrity** and that if my student is found to have violated this policy, they will be subject to appropriate consequences as determined by the instructor and Head(s) of School.

_____ I am aware that **Tilden will create a course schedule for my student based upon the information I provide.** If my student will be attending Tilden full-time, I understand and accept that it is my responsibility to provide Tilden with the most up-to-date official transcript, which will be subject to review by the registrar. I agree to carefully review the course schedule that is provided for my approval before my student begins coursework.

_____ I understand that if I request an atypical schedule and Tilden is able to accommodate it, **the school may need to shift it in the future.**

_____ I understand that if my student will be attending Tilden full-time, **immunization records must be provided** before my student may attend class.

_____ I understand that if my student has not signed the handbook acknowledgement below, **a signature will be collected on the first day of class.**

_____ I understand that by signing this and other Tilden Preparatory School enrollment forms, **I acknowledge that I am responsible for knowing and understanding this information.**

_____ *Walnut Creek campus only:* I understand that **stopping to drop off a student in the thoroughfare in front of the school is strictly prohibited.** All student drop off or pick ups must be at a metered parking spot, parking lot, local parking garage, or library lot.

I have read and fully understand the Tilden Parent Consent Form.

Parent Name: _____

Parent Signature: _____ **Date:** _____

Handbook Acknowledgment

Parent Acknowledgment

I have reviewed the current Parent and Student Handbook for Tilden Preparatory School (available at tildenprep.com under Admissions, then Registration Forms) and I agree to follow the rules outlined therein.

Parent Name: _____

Parent Signature: _____ **Date:** _____

Student Acknowledgment

I have read the 2020-2021 Parent and Student Handbook and agree to abide by the stated rules. I understand that I am not to use the computers at school for any purpose other than to complete homework. In addition, I understand that I am not to have any illegal substances in my possession, or to use any illegal substances during my day at Tilden Prep, including during breaks and at lunch, or to misuse prescription medication. I agree to abide by the Academic Integrity Policy as outlined in the Parent and Student Handbook.

Student Name: _____

Student Signature: _____ **Date:** _____

Policies & Fees Acknowledgment

I have reviewed the 2020-2021 Policies and Fees document and I agree to follow the policies described therein.

Parent Signature: _____ **Date:** _____

TILDEN PREPARATORY SCHOOL STUDENT EMERGENCY INFORMATION

Please fill out completely and sign where indicated. In a major emergency, it is school policy to retain students at school for their safety. This form will be used by the school staff when students are released to go home.

FIRST NAME		LAST NAME		M.I.
BIRTH DATE	GENDER IDENTIFICATION			

PARENT'S / LEGAL GUARDIAN'S FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT	LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME ADDRESS		CITY	ZIP

CONTACT NUMBERS		Indicate which phone to call for each message type:*			EMAIL ADDRESS:
HOME	EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
CELL					
WORK					

PARENT'S / LEGAL GUARDIAN'S FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT	LIVES WITH? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME ADDRESS -- IF DIFFERENT		CITY	ZIP CODE

CONTACT NUMBERS		Indicate which phone to call for each message type:*			EMAIL ADDRESS:
HOME	EMERGENCY	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
CELL					
WORK	GENERAL INFO				

In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following:

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned, as parent/legal guardian of _____, a minor, hereby authorizes the Head of School or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to Tilden Preparatory School ("Tilden Prep") to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization shall remain effective until revoked in writing and delivered to Tilden Prep. I understand that Tilden Prep and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/legal guardian.

HEALTH ALERTS: List any medical conditions that may restrict physical activity or require special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate "none".

MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS:	
MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS:	
MY CHILD MAY TAKE THE FOLLOWING MEDICATIONS:	IBUPROFEN <input type="checkbox"/> ACETOMETAPHEN <input type="checkbox"/> ASPIRIN <input type="checkbox"/>

DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) YES NO

HEALTH INSURANCE NAME	GROUP NO.	NAME OF DOCTOR / MEDICAL OFFICE	DOCTOR PHONE
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I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.

NAME (PRINT):	SIGNATURE:	DATE:
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WE REQUIRE IMMUNIZATION RECORDS FOR ALL FULL-TIME STUDENTS