



## Excursions in TIME Registration 2018 -2019 Registration Packet

Welcome!

I am honored and excited that you have chosen Excursions in TIME as a supplemental option for your child(ren) this year. Providing opportunities for children to engage in rich tasks and activities that connect their work in basic academics with technology, engineering, and the arts is a passion of mine. I look forward to sharing with you and your children throughout our journey this year!

- Tammy L. Jones

Please read this packet carefully. See the checklist below for forms needed for each child enrolling in Excursions in TIME supplemental/enrichment tutorial.



Registration Form  
(to be filled out for each child attending)



Parent/Guardian Information:

Names:

Address:

Phone Numbers(s):

Email address:

Birthdays (of parents/guardians):

PHOTO RELEASE FORM:

I hereby give permission for photos taken during Excursion activities to be used on the *Excursions in TIME* website or in presentations or documents.

**Parent's Initials:**

Student Information:

Name:

Birthdate:

Grade level:

Hobbies/Interests:

Siblings and their birthdates/ages:

Pets (if applicable):

Others who have permission to pick up your child:

Name(s):

Relationship(s) to child:



## Medical/Emergency Release

Read carefully, fill out, sign, and return the **Medical Alert Form** included in this packet.



I hereby give permission to *Excursions in TIME* supplemental/enrichment tutorial to contact the Emergency Contact listed below in the event of an emergency.

**Parent initials:**

I hereby give permission to *Excursions in TIME* supplemental/enrichment tutorial to release the student listed on this form to the contact listed below:

**Parent initials:**

EMERGENCY CONTACT:

EMERGENCY CONTACT PHONE NUMBER(s):

Relationship to student:



# Allergy, Medical, and LD Alert Form

Student's Name:

DOB:

Parent's Name:

Parent's Cell:

Emergency Contact if parent can't be reached (Name & Phone Number):

Name of Doctor: \_\_\_\_\_ Insurance ID: \_ Phone

Number: \_\_\_\_\_ Medications: \_\_\_\_\_

1. List of known serious FOOD ALLERGIES:
2. What is the reaction if exposed?
3. List any other known ALLERGIES:
4. What is the reaction if exposed?
5. Medical Instructions in the event of an allergic reaction:
6. List any other Medical Conditions:
7. Instructions for Medical Conditions:
8. List of **any** diagnosed or suspected Learning Disabilities or Behavioral Issues:

I understand that *Excursions in TIME*/TLJ Consulting does **NOT** have medical personnel on staff and can only call 911 in the event of a medical emergency. Furthermore, I understand that it is my responsibility to bring all allergy, medical, or learning/behavior issues to the attention of the Director and ALL staff that I have engaged for my child. I will describe these issues in person, provide instructions for non-emergent care, and provide all medications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

(Please use the back of this form if more room is needed.)



## Honor Codes of Conduct and Commitments

PARENT'S INITIALS

The Honor Codes of Conduct and Commitments state, students will:

STUDENT'S INITIALS

- |       |   |       |
|-------|---|-------|
| _____ | ✓ Respect and obey the instructor and other adults while participating in all classes and activities.   | _____ |
| _____ | ✓ Treat fellow students with kindness and respect. No bullying or unkind words.   | _____ |
| _____ | ✓ NOT bring inappropriate or distracting items with me to class or activities.  | _____ |
| _____ | ✓ NOT use inappropriate language during class or other class activities.  | _____ |
| _____ | ✓ Make sure all clothing is modest and decent for classes.  | _____ |
| _____ | ✓ Come to class with an open mind and be fully prepared to engage in class activities and discussions.  | _____ |
| _____ | ✓ Respect the buildings and properties in which classes, field trips, and other activities take place.  | _____ |
| _____ | ✓ Not complain or argue about other students, classes, events, or planned activities. If I do not like something I will speak privately with the instructor and/or Director of ES instead of complaining to others. | _____ |
| _____ | ✓ Promise to adhere to the highest code of honor in my academic work.   | _____ |

Any concerns or problems will be appealed through the Instructor and/or Director of ES, and we agree to abide by the decisions made by those invested with that authority.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## *Excursions in TIME* Waiver and Release of Liability (One Form per Family)

All families must sign this “Waiver and Release Form” to participate in any activity associated with the supplemental/enrichment tutorial.

I, my children, and any of our representatives (here after referred to as “family”) do hereby acknowledge that participation in Excursions in TIME supplemental/enrichment tutorial (here after referred to as “ET”), utilization of the grounds and facilities at TLJ Consulting Group (here after referred to as “TLJCG”), and any ET sanctioned activities held in other locations could expose us to possible risk of personal injury.

In consideration of my family being permitted to participate in ET, I do hereby release and agree to hold harmless ET and TLJCG and its and their respective officers, members, employees and volunteers from any and all liability for claims, damages, or injury, including costs and attorneys fees to my family or any personal property during the time of our attendance at ET activities, whether or not such damages were sustained in connection to any ET activities.

I assume full responsibility for my family’s behavior, for assuring their supervision during ET activities, and for any damage or injury caused by my family’s actions.

I agree that my family shall not now, or at any time in the future, directly or indirectly, initiate or prosecute any action, suit, or other legal proceeding against either ET, TLJCG, or any of their members or representatives arising out of, relating to, or in connection with ET events.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Tennessee and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

We, the parent(s) or legal guardian(s) of (list all children participating) \_\_\_\_\_

further acknowledge and certify that we have all legal authority of the minors listed above, and completely understand that we absolve ET of all liability. We acknowledge all risks, agree to abide by all ET policies and procedures, and hereby give permission to participate in the classes and activities of ET.

Adult/Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Adult/Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Media Release:**

I give permission for my family’s contact information to be published and distributed to the other group members of ET. I understand that this information is **NOT** to be released outside of ET and agree not to do so. *(Initial here)*

ET embers and representatives sometimes take photographs and videos for ET’s use in print and electronic publications. This serves as an acknowledgment of public notice of ET’s intent to do so and as a release of permission to use such images. \_\_\_\_\_ *(Initial here)*

Adult/Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Adult/Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



Excursions in TIME Supplemental/  
Enrichment Tutorial  
2018-2019 Calendar



Wk #

**September**

1	Sept 5	Excursion 1 - Pre-History
2	Sept 12	
3	Sept 19	
4	Sept 26	

Wk #



**February**

20	Feb 6	
21	Feb 13	Excursion 6 – Islamic Golden Age
22	Feb 20	
23	Feb 27	



**October**

5	Oct 3	Excursion 2 – Ancient Egypt
	Oct 10	Fall Break (no class)
6	Oct 17	
7	Oct 24	
8	Oct 31	



**March**

	Mar 6	SPRING BREAK (No classes)
24	Mar 13	
25	Mar 20	Excursion 7 – The Renaissance
26	Mar 27	



**November**

9	Nov 7	Excursion 3 – Ancient India
10	Nov 14	
11	Nov 21	
12	Nov 28	



**April**

	Apr 3	Conference (No classes)
27	Apr 10	
28	Apr 17	
29	Apr 24	Excursion 8 – The industrial Revolution



**December**

13	Dec 5	Excursion 4 – Ancient Greece & Rome
14	Dec 12	
15	Dec 19	
	Dec 26	Christmas Break (no class)



**May**

30	May 1	
31	May 8	
32	May 15	



**January**

	Jan 2	Christmas Break (no class)
16	Jan 9	
17	Jan 16	Excursion 5 - Middle Ages
18	Jan 23	
19	Jan 30	

Calendar is subject to change.





## Payment Options

**Excursions in TIME** has a flat rate that is inclusive of materials and tuition. There are no additional fees, etc. with the exception of a few field trips.

3-5 Excursions in TIME: \$1800

### Payment options:

One-time payment of full amount: \$1800 due first day of class (1 payment)

Tertiary payments: \$600 due first day of class of every third month: September, December, and March (3 payments)

Monthly payments: \$225 due first day of class each month: September through May (9 payments)

Checks need to be made payable to ***TLJ Consulting Group***

