

Tilden Preparatory School

1231 Solano Avenue
Albany, California 94706
Tel. 510-525-5506 Fax 510-525-5508



1475 N Broadway Ste 200
Walnut Creek, CA 94596
Tel. 925-933-5506 Fax: 925-933-5507

Summer 2012 Registration Form

Student's Name: _____ Gender: _____
Date of Birth: _____ Birthplace: _____ Expected Year of Graduation: _____
Student Cell Phone: _____ Today's Date: _____
Student Email Address: _____
Primary High School: _____

Parent/Guardian Information

Name: _____ Relationship to Student: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address: _____ City: _____ ZIP: _____
Email Address: _____

Parent/Guardian Information

Name: _____ Relationship to Student: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address: _____ City: _____ ZIP: _____
Email Address: _____

In case of emergency, please contact: _____
How did you hear about us? _____

In order to help us better serve your student, please answer the following questions thoroughly and provide course and scheduling requests below:

1. Is your student re-taking this course or taking it for the first time? _____

2. Please circle a preferred weekly schedule:

M-F 1hr/day M-F 2hrs/day M-Th 1hr/day M-Th 2hrs/day Other: _____

3. Please specify your student's availability (ex/ mornings, after one, 12-3, etc.)

4. If you have a preferred class time, please state it here. While we cannot guarantee this time, we will do our best to accommodate your needs. _____

5. Please list all vacation dates on which your student will have to miss class.

6. What is the preferred start date for taking the course(s)? _____

7. Is there anything else you would like to tell us about your student? _____

8. Instruction is usually one-to-one, as this generally maximizes each student’s ability to move at the ideal pace with the learning approach that best suits the goal of mastery. On occasion, we can arrange for a group class of 2-3 students, but cannot guarantee this, as we need to match the dates of availability, time of day, and learning pace of the students. In addition, if we determine that a group class is not working once it is under way, your student may end up in a one-to-one course.

Please indicate if you would be interested in a group class for your student: ___Yes ___No

Please circle the course(s) and semester(s) for which you would like to register:

A – HISTORY

Government	S1	
AP US Government	S1	
AP Comparative Govt.	S1	
US History	S1	S2
AP US History	S1	S2
World History	S1	S2
AP World History	S1	S2
AP European History	S1	S2

B – ENGLISH*

English 9	S1	S2
English 10	S1	S2
English 11	S1	S2
English 12	S1	S2
AP English Lit & Comp.	S1	S2

C – MATH

Algebra 1	S1	S2
Geometry	S1	S2
Algebra 2	S1	S2
Algebra 2/Trig.	S1	S2
Precalculus	S1	S2
AP Calculus AB	S1	S2
AP Calculus BC	S1	S2
Statistics	S1	S2
AP Statistics	S1	S2

D – SCIENCE

Biology	S1	S2
AP Biology	S1	S2
Chemistry	S1	S2
AP Chemistry	S1	S2
Physics	S1	S2
AP Physics C: Mechanics	S1	S2
AP Environ. Science	S1	S2
Anatomy/Physiology	S1	S2

E – WORLD LANGUAGES

(Please Indicate Level)

French (1-4) _____	S1	S2
AP French Language	S1	S2
Japanese (1-2) _____	S1	S2
Latin (1-3) _____	S1	S2
AP Latin: Vergil	S1	S2
Mandarin (1-4) _____	S1	S2
AP Chinese Lang & Cult.	S1	S2
Spanish (1-4) _____	S1	S2
AP Spanish Language	S1	S2
AP Spanish Literature	S1	S2
Am. Sign Lang. (1-2) ____	S1	S2

F – Visual & Performing Arts

Art 1	S1	S2
AP Studio Art: 2-D Design	S1	S2
AP Studio Art: 3-D Design	S1	S2
Introduction to Photography	S1	S2
Am Music Hist: 20th Cent.	S1	S2
AP Art History	S1	S2

G – College Prep Electives

Economics	S1	
AP Macroeconomics	S1	
AP Microeconomics	S1	
Adv. Philosophy & Ethics	S1	
Social Justice	S1	
Psychology	S1	S2
AP Psychology	S1	S2
Computer Programming	S1	S2
Creative Writing I	S1	S2
Environmental Science	S1	S2

***To see additional courses offered, please review our course list at www.tildenprep.com**

STUDENT IMMUNIZATION & MEDICAL RELEASE INFORMATION

Please complete the following information. *We will also need proof from a physician and/or a copy of your student's immunization record(s).* Thank you.

Immunization	Date Immunized
Diphtheria	_____
Haemophilus Influenzae Type B	_____
Measles	_____
Mumps and Pertussis	_____
Poliomyelitis	_____
Rubella	_____
Tetanus	_____
Hepatitis A	_____
Hepatitis B	_____
Tdap (Pertussis Booster)	_____

As the parent/legal guardian of _____, I request that in my absence and in the case of an emergency, the above-named student be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I understand that I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named students.

Student's DOB: _____
Known allergies of this student, including medication allergies: _____

Any other known medical problems to be noted: _____
Family Physician: _____ Phone: (_____) _____
Address: _____
Name of Parent/Guardian: _____
Address: _____
Phone: Home: _____ Work: _____ Cell: _____
Secondary Contact if Parent is unavailable: _____
Insurance Provider: _____
Policy Number: _____

My child is not allowed to take ___ Ibuprofen ___ Aspirin ___ Tylenol ___ Other (Please Specify)

By signing this form, I understand that I am giving my permission for the administrators and teachers at Tilden Preparatory School to seek and/or administer emergency care for my child. Furthermore, in signing this form, I release Tilden Preparatory School of all liabilities in the incidence of an emergency and the administering of emergency care.

Parent Signature _____
Date

I have received and reviewed a copy of the Parent/Student Handbook for Tilden Preparatory School and agree to follow the rules outlined.

Parent Signature

Date

I, _____ (name of student) have read the Parent-Student Handbook and agree to abide by the stated rules. In particular, I understand that I am not to use 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, including during breaks and at lunch, or to misuse prescription medication.

Student Signature

Date

I have reviewed the 2010-11 Tilden Preparatory School/School For Independent Learners, L.L.C. Policies and Fees document, and I agree to the policies described therein.

Name of Parent

Primary Phone Number

Parent Signature

Date

My primary email address for billing purposes is: _____

The primary parent for the online register is: _____

FOR ALBANY STUDENTS ONLY:

My student will be driving him or herself to school. I understand that parking is available by permit at the Albany Theatre and street parking is not allowed on Evelyn Ave. or Talbot St. Below is the vehicle information for my student:

Make

Model

License Plate Number

Make

Model

License Plate Number

Tilden Preparatory School

1231 Solano Avenue
Albany, California 94706
Tel. 510-525-5506 Fax 510-525-5508



1475 N Broadway Ste 200
Walnut Creek, CA 94596
Tel. 925-933-5506 Fax: 925-933-5507

Tilden Parent Consent Form

We are happy that your son/daughter has chosen to enroll as a full-time or part-time student at Tilden. As a result of the combination of one-to-one and small group learning, and our mastery learning approach, we consistently see students making tremendous gains in their knowledge, study skills and in their feelings of confidence and self-esteem as students. We have also found that since this approach is different from what parents are accustomed to, there can sometimes be misunderstandings. Below are some aspects of our program that we would like to ensure you fully understand and agree to. Please initial each item and sign at the end.

1. _____ I have received and understand the New Student Intake Sheet, Medical Release Form, Policies and Fees Document, and Parent/Student Handbook.
2. _____ I understand that Tilden is a mastery-learning program and the teacher will work with my son/daughter until s/he reaches 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 mastery level of 70% (C) is acceptable to all concerned, Tilden will make this accommodation by written agreement.
3. _____ I understand that mastery learning means my student's course may take more or less time than the estimated number of 30-36 hours per semester course (45 for AP courses). Completion rates vary, based upon homework completion, arrival time to class, maintaining focus in class, prerequisite subject knowledge and special learning challenges that affect acquisition of the 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.
4. _____ I understand that Tilden can never guarantee an "A". Sometimes students who have received a "B" will 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 Co-director to assess the student's genuine interest in the material and their readiness to work to a higher level of depth and understanding.
5. _____ I understand that tuition is paid in advance for all classes. I understand that I will receive a reminder when payment is needed, and that prompt payment is essential to maintain the consistency of my student's class(es). I understand that if the balance has reached zero and no payment has been received, I will have 24 hours to make payment, after which time Tilden Prep can place my student's class(es) on hold until I am able to make payment.
6. _____ I understand that it is my responsibility to log in to my student's progress reports to see how s/he is doing in the course(s).

7. _____ I understand that if my student will miss a class, I must notify my student's teacher(s) individually by email by 7:00 p.m. the night before the class in order to avoid being charged the full rate for the class. I understand that if my student has more than 5 cancellations within a semester course, I will be charged in full for further cancellations, even if notice is given by 7:00 p.m. the day before (For Summer Students, Please See Section 8 Below)

Sections 8 and 9 are specific to Summer Enrollments

8. _____ *I understand that the five on-time cancellation limit policy in Section 7 does not apply to summer students, who instead are allowed up to a week of absences before a class will be put on hold to accommodate summer vacation plans. If more than a week is needed, Tilden cannot guarantee that the same teacher or time will be available when the student returns.*

9. _____ *I understand that summer scheduling occurs in May and requires that I submit all registration forms and a \$200 non-refundable deposit to be scheduled. This deposit will go entirely toward registration and fees come summer. I also acknowledge that Tilden cannot guarantee that a specific schedule or teacher will be available in summer, but Tilden staff will do all they can to best meet your needs.*

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

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

Parent Signature

Date