

ROOTS ACTIVITY LEARNING CENTER, INC
6222 North Capitol Street, North West
Washington, DC 20011
Phone: (202) 882-5155 Fax: (202)-882-5157
Web Address: rootsactivitylc.org

SY 2015-2016
REENROLLMENT/ENROLLMENT CHECK-OFF
STATUS SHEET

STUDENT NAME: _____ Date: _____

- ADMISSION /REENROLLMENT APPLICATION
 - Application/Reenrollment Application
 - Authorized Emergency Contact List
 - Enrollment Agreement For Child Care
 - Academic, Behavioral & Parent Responsibilities Contract
 - Authorization For Child's Emergency Medical Treatment
 - Registration Record For Child receiving Care Away From Home
 - Travel And Activity Authorization
- ACADEMIC DATA
 - Report Card from exiting School
 - Standardized Test Score from exiting School
- HEALTH DATA
 - DC Child Health Certificate with Shot Records
 - Dental (Oral) Examination Certificate
- **\$35.00 Application fee/\$20.00 Reenrollment fee**

Verified by: _____ Date: _____

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ADMISSION APPLICATION

Proposed Entry Date _____ SY **2015 -2016** Grade _____
Student's Name _____ SSN _____
Age _____ Sex _____ DOB _____ Child Lives With _____

Previous School: _____ Student ID# _____
Does Student Have Special Needs? Yes _____ No _____
Student's Physician _____ Phone# _____
Address _____

Street City State Zip

Mother's Name _____ SSN _____
Address _____

Street City State Zip

Home# _____ Work# _____ Cell _____
Occupation _____

Employer _____
Work Address _____

Street City State Zip

Father's Name _____ SSN _____
Address _____

Street City State Zip

Home# _____ Work# _____ Cell _____
Occupation _____

Employer _____
Work Address _____

Street City State Zip

Please Note: In a case of emergency, the Administration will contact the mother, father, or Legal Guardian; if neither can be reached, the **first** person on the Authorized Emergency List will be contacted.

Signature of Parent or Guardian

Date

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AUTHORIZED EMERGENCY CONTACT SY 2015-2016 LIST

Name _____

Address _____

Relationship _____

Phone # _____

Additional Telephone Numbers _____

Name _____

Address _____

Relationship _____

Phone # _____

Additional Telephone Numbers _____

Name _____

Address _____

Relationship _____

Phone # _____

Additional Telephone Numbers _____

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SY 2015-2016 ENROLLMENT AGREEMENT FOR CHILD

I/We, the undersigned hereby enroll _____ in the Roots Activity Learning Center (hereinafter "Roots") for the school year _____ through _____ for the sum of \$ _____ per month/year, payable in advance. We agree to abide by the parent policy handbook, which we have read and understand. I understand tuition is charged regardless of absences, holidays and only a 30 day written notice of withdrawal will release me from tuition.

I/We understand there will be additional fee if we enroll my/our child in Before Care or After Care or Before & After Care.

I/We understand that a history of late fees can result in termination of my child care.

I/We understand that Roots will take all precautions for my child's health and safety. I/We give consent, without liability to anyone acting on behalf of Roots to secure and provide First Aid attention and to administer any medication/ treatment that I bring to the Roots Activity Learning Center for him/ her. If my child becomes ill or involved in an accident and I cannot be contacted, I authorize the following hospital or physician to give the emergency medical required:

Hospital: Children's Hospital, 111 Michigan Ave. NW Washington, D.C. or

Physician: _____ Address: _____

I/We give Roots Activity Learning Center permission to take my child for this treatment. I/We accept responsibility for any necessary expense incurred in the medical treatment of my child, which is not covered by the following:

Health Insurance Company: _____

Policy #: _____

I/We consent that my/our child/children participate in all field trips and school based activities which Roots provides without liability to anyone acting on behalf of Roots.

Accepted by:

_____	_____
Parent/ Legal Guardian	Date
_____	_____
Parent/ Legal Guardian	Date
_____	_____
Roots Administration	Date

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SY 2015-2016 ENROLLMENT AGREEMENT FOR CHILD CARE

This form is a requirement for Enrollment Agreement for Child Care.

1st Child Name _____
2nd Child Name _____
3rd Child Name _____

1. My child will need Before & After Care ____
(7:00am - 8:30am & 3:30pm - 6:00 pm)
2. My child will need Before only ____ (7:00am - 8:30am)
3. My child will need After Care only ____ (3:30pm - 6:00 pm)
4. My child will not need Before & After Care ____

I agreed to pay \$15.00 per day my child is in School before 8:30 am
(Before Care) and \$20 per day my child is in School after 3:30 pm
(After Care) if my enrollment agreement does not include Before Care or
After Care.

Parent Signatures _____

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ACADEMIC, BEHAVIORIAL AND PARENT RESPONSIBILITIES CONTRACT
BETWEEN
PARENT/STUDENT AND ROOTS ACTIVITY LEARNING CENTER

Roots Activity Learning Center maintains high academic and behavioral standards. Students must be self-motivated and self-disciplined. Therefore, as a Parent I promise to ensure:

1. That I will daily check/supervise all homework assignments.
2. That my child correctly completes all homework assignments.
3. That I will review and sign my child's weekly academic grade report provided by the teacher.
4. That If my child's weekly academic grade report reflects poor performance, I will supervise my child's home free time to assist in enhancing knowledge in areas of weakness.
5. That my child is obedient, respectful and demonstrates acceptable behavior. I agree that students' lack of self-control and self-discipline will not be tolerated.
6. That following suspension for reasons of behavior, I will accompany the child to school and spend the day(s) as part of in-school suspension.
7. That if my child is found to have a weapon (of any type) in school, I understand in compliance with the Gun-Free Schools Act, my child will be Expelled from Roots Activity Learning Center for one year, and referred to the juvenile Delinquency System.
8. That I am responsible for all information contained in correspondence sent home with my child including monthly newsletters. I will sign all assignments and information sheets sent home.
9. That my child attends school daily on time & with all school supplies.
10. That all textbooks issued to my child will be returned in satisfactory condition, otherwise I will be charged the cost of the textbooks.
11. That I will support all school & PAC community fundraisers including the Yearly Car Raffle fundraiser by selling and or buying at least Twenty (20) Car Raffle Tickets.
12. That I will attend all Parent Conferences/meetings (PTA) & volunteer at least one day in the classroom or office.
13. That I will be an active PAC member and participate in a committee. (PAC chairpersons are required to attend all monthly PAC meetings).
14. That I communicate positively with all staff & other parents.
15. **I will keep the Administration informed of all new phone numbers & addresses**

I understand that breach of this contract could result in the dismissal of my child from Roots Activity Learning Center.

Agreed:

Parent/Guardian Signature Date

RALC Administration Date

Child's Name _____