

Roots Activity Learning Center, Inc.
622 North Capitol Street, North West
Washington, DC 20011
Phone (202) 882-5515 Fax (202) 882-5557
Web Address: <http://www.rootsactivitylc.org>

ENROLLMENT CHECK-OFF SHEET

Student Name: _____ Date: _____

- **ADMISSION/ENROLLMENT APPLICATION**
 - Application/Enrollment Application
 - Authorized Emergency Contact List
 - Enrollment Agreement for Child Care
 - Academic, Behavioral & Parent Responsibilities Contract
 - Authorization for Child's Emergency Medical; Treatment
 - Application/Reenrollment Fee & Deposit

- **ACADEMIC DATA**
 - Report Card from Exiting School
 - Standardized Test Score from Exiting School

- **Health Data**
 - Physical Examination/Shot Record
 - Dental Examination

Verified by: _____ Date: _____