

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

ENROLLMENT AGREEMENT FOR CHILD CARE

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