**ROOTS ACTIVITY LEARNING CENTER, INC**

**6222 North Capitol Street, Northwest**

##### Washington, DC 20011

### *Phone: (202) 882-5155 Fax: (202)-882-5157*

#### Web Address: rootsactivitylc.org

**SY 2023-2024**

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
* HEALTH DATA
  + DC Child Health Certificate with Shot Records
  + Dental (Oral) Examination Certificate
* **$75.00 Application fee/Reenrollment fee & $25.00 PAC annual dues.**

Verified by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

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# ADMISSION APPLICATION

Proposed Entry Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SY **\_\_2022 -2023\_\_** Grade \_\_\_\_\_\_\_\_\_

Student's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Lives With\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Father's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Home#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 2023-2024 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 2023-2024 ENROLLMENT AGREEMENT FOR CHILDCARE

**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 days 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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**2023-2024 School Year Enrollment/Re-enrollment Agreement**

**LATE PICK UP POLICY**

1. Please call the office as soon as possible and before 5 p.m. (202) 882-5155. If. necessary, please leave a message. Please note that the staff is on duty until 5:00 pm.

2. After 5:00, late fee is charged. You are required to pay the teacher on duty at the time you pick up your child/children or the next school day.

3. Late fees are as follows for each child:

5:01 -5:05 $25.00

5:06 -5:10 $30.00  
5:11 -5:15 $35.00

5:16 -5:20 $40.00

5:21 – 5:25 $45.00

$5.00 for every 5 minutes

**Please pay the teacher on duty upon arrival.**

**Your child will not be admitted next day if full late fee payment is not made to the Teacher.**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**ACADEMIC, BEHAVIORAL & 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.**
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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**RECEIPT OF**

**2023 – 2024 School Year**

**PARENTS/STUDENTS POLICY HANDBOOK**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent of

received a copy of the Parents/Students Policy Handbook for the School Year.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature Date