



Deeper Root Academy

"Sustaining Life For Our Tomorrow"

1450 Citrus Oaks Avenue, building 200 Gotha, FL 34734 833-372-6957

Academy Enrollment Application (Kindergarten thru 8TH Grade)

Dear Parent/Guardian:

We are pleased that you have chosen Deeper Root Academy for your child. Deeper Root Academy offers many opportunities for family activities throughout the year. Please complete all of the information requested in this application packet. The checklist below is provided for your convenience. Please be sure that everything is complete before you are ready to enroll your child. We will do our best to make sure that you and your child have wonderful experiences at Deeper Root Academy.

Please be sure that you have completely filled out all the information on the following forms:

- Enrollment Application
- Agreement of Services
- Authorization for Persons to Pick Up My Child
- Parent Authorization for Emergency Treatment
- Emergency Medical Information

In addition, you will need to have:

- \$50.00 Non-Refundable Registration Fee (*Please enclose this amount with your Application.*)
- \$50.00 Supply Fee
- Copy of Child's Birth Certificate
- Child's Immunization Record

If you have any questions about any of these items, please contact the academy.

Telephone- 833-372-6957
E-mail – info@phoenixtree.org
Website - www.deeperrootacademy.org



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Today's date _____

Child's Name _____ Date of Birth _____

Program Fees

Please review the program fees with the Director. It is important that you understand the program and the fees that apply. You are responsible for late fees if your child is at the center past 6:00 pm. See Parent Handbook for details.

Registration Fee Non-Refundable.....\$50
Supply Fee\$50

Academy Programs

_____ Kindergarten thru 5th Grade students.....\$7,500 annually
_____ Middle School students (6th, 7th & 8th)\$8,000 annually

For Office Use Only:

Start Date:_____ Certificate#:_____



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Payment Policy

Taking care of your child(ren) is very important to us at Deeper Root Academy. We recognize the responsibility it requires and commit as a team of professionals to meet your family's needs. Our teachers make sure that your child(ren) have educational activities that are safe and enjoyable throughout the day.

In order to maintain our standard of high quality, we need you to be aware of your responsibility as a parent/guardian.

Please read our Payment Policy carefully.

- Payment for care is due the week BEFORE your child attends.
- Payment will be due each Monday and must include the full cost for the week.
- Payment must be made for your child to continue enrollment at Deeper Root Academy.

What happens if there is no payment received?

- If there is no payment for a week, we will contact you to resolve the lack of payment.
- If there has been no payment for two weeks and you have not made any payment arrangements with Deeper Root Academy, your child will be dismissed from Deeper Root Academy. Once your child is not enrolled, your child will be placed on the waiting list.
- Your child will have no Deeper Root Academy services after two weeks of non-payment and no payment arrangements have been made.
- Your child may be enrolled again if there is an opening and all balances are paid in full.



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CHILD INFORMATION

Please Print Neatly

Child's Name _____ Date of Birth _____ Sex: M ___ F ___

Home Address _____ Apt # _____ City _____ State _____ Zip _____

Child's Home Phone _____ Child resides with: _____

Name of sibling (s) who attend D.R.A. : _____ Date of Birth _____ Sex: M ___ F ___

Ethnic Origin (Optional): For statistical purposes only:

Asian _____ African-American or Black _____ White _____ Native American or Alaskan _____
Native Hawaiian or Pacific Islander _____ Hispanic or Latino _____ Other _____

PARENT/GUARDIAN INFORMATION

First Parent/Guardian's Name _____

Relationship to child _____ Home phone: (____) _____

Cell/Pager: (____) _____ Email: _____

Home address if different from above: _____

Place of employment: _____ Work phone: (____) _____

Second Parent/Guardian's Name _____

Relationship to child _____ Home phone: (____) _____

Cell/Pager: (____) _____ Email: _____

Home address if different from above: _____

Place of employment: _____ Work Phone: (____) _____



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Please read each section carefully and be sure to sign and date this page.

1. My child will attend the academy during these hours: _____ a.m. to _____ p.m.
2. I/we understand that I/we must call Deeper Root Academy before 8:30am if my child is absent on any given day. If my child will be on vacation or out for a period of time, I/we will fill notify Deeper Root Academy in writing.
3. I/we understand that I am/we are responsible for the payment of Deeper Root Academy services and agree to the terms of the Payment Policy that is enclosed with this application. Failure to follow the payment policy will result in loss of Deeper Root Academy services. The published cost for the Deeper Root Academy service for which my child is enrolled is \$ _____ per week.
4. I/we understand that it is my/our responsibility to make sure that current written verification of state, corporate, subsidy or financial assistance must be on file with Deeper Root Academy.
5. I/we give permission to Deeper Root Academy to photograph or video _____ for public relations or marketing purposes. _____ Yes _____ No
6. I/we give permission to Deeper Root Academy to photograph or video _____ for display in the center or classroom or for recognition purposes (Example field trips, special events, etc.) _____ Yes _____ No
7. I/we give permission to the center nurse to contact my child's physician or health care provider to check the information on the immunization record if necessary. ____ Yes ____ No
8. I/we understand that in effort to keep Deeper Root Academy a safe and nurturing environment, any child whose behavior becomes disruptive, threatening, or destructive, may be dismissed from the program at the discretion of the Program Director. Whenever possible, all reasonable efforts will be made to help a child and his/her parents/guardians change troublesome behavior.
9. Signatures: I have read items 1-8 above and completed all required information in this application. I understand and agree to the terms of this agreement. I have also had a chance to have any questions about this agreement answered to my satisfaction.

First Parent/Guardian _____ Date _____
(Signature)

Second Parent/Guardian _____ Date _____
(Signature)

AUTHORIZATION FOR PERSONS TO PICK UP MY CHILD



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Child's Name _____ Date of Birth _____

Home Address _____ Apt # _____ City _____

State _____ Zip _____ Home Phone (____) _____

First Parent/Guardian's Name _____

Relationship to child _____ Home phone: (____) _____

Cell/Pager: (____) _____ Work Phone: (____) _____

Second Parent/Guardian's Name _____

Relationship to child _____ Home phone: (____) _____

Cell/Pager: (____) _____ Work Phone: (____) _____

Complete the information below for individuals who have your permission to pick up your child. The persons below must be at least 18 years of age. Include a parent who may not be listed in the application who has permission to pick up your child. A separate authorization must be made for each child.

Name _____ Relationship to Child _____

Address _____ Home Phone: (____) _____

Work Phone: () _____ Cell/Pager: (____) _____

Name _____ Relationship to Child _____

Address _____ Home Phone: (____) _____

Work Phone: () _____ Cell/Pager: (____) _____

Name _____ Relationship to Child _____

Address _____ Home Phone: (____) _____

Work Phone: () _____ Cell/Pager: (____) _____

Name _____ Relationship to Child _____

Address _____ Home Phone: (____) _____

Work Phone: () _____ Cell/Pager: (____) _____

List the names of any individuals **NOT PERMITTED** to pick up your child from Deeper Root Academy.

Name _____ Relationship to Child _____

Address _____ Home Phone: (____) _____

Work Phone: () _____ Cell/Pager: (____) _____

PARENT AUTHORIZATION FOR EMERGENCY TREATMENT



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In case of an emergency, I (name of parent/guardian) _____, hereby authorize Deeper Root Academy to arrange for medical treatment/examination of my child _____ while in attendance at the academy or on a field trip.

It is understood that every effort will be made by the center to contact me, or one of the persons listed at the numbers I have provided below, before any medical action is taken. I would prefer to have my child, if the need arises, taken to _____ Hospital.

I understand my child will be transported by emergency rescue. Choice of hospital may be limited.

Emergency Contacts:

First Parent/Guardian's Name _____
Relationship to Child _____ Home Phone: (____) _____
Cell/Pager: (____) _____ Place of Employment: _____
Work Phone: (____) _____

Signature to authorize Deeper Root Academy to provide necessary treatment in event of emergency:

Second Parent/Guardian's Name _____
Relationship to Child _____ Home Phone: (____) _____
Cell/Pager: (____) _____ Place of Employment: _____
Work Phone: (____) _____

Signature to authorize Deeper Root Academy to provide necessary treatment in event of emergency:

Relative or other persons to contact in an emergency situation:

Name _____
Relationship to Child _____ Home Phone: (____) _____
Cell/Pager: (____) _____ Work Phone: (____) _____

Name _____
Relationship to Child _____ Home Phone: (____) _____
Cell/Pager: (____) _____ Work Phone: (____) _____



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Name of Child _____ Date of Birth _____ Sex ____M ____ F

Allergies _____

What to do if there is an allergic reaction: _____

Daily Medications*

Name of Medication	Dosage
_____	_____
_____	_____
_____	_____

*All prescription medications must be in their original containers with the doctor's directions. Over the counter medications may require a doctor's note for the academy to administer the medications. Please sign below if you authorize the academy nurse (or administer) to give your child Motrin, Tylenol or similar analgesic if you cannot be reached.

I authorize the academy nurse (or administrator) to give my child an analgesic if I cannot be reached and/ or if my child appears to need such medication. _____ Yes _____ No

Parent Signature _____ Date _____

Recent Hospitalizations or Surgeries: (please include dates if known)

Hospitalization/Surgery	Date
_____	_____
_____	_____
_____	_____

Social/Emotional history:

Please tell us if there have been any recent changes such as moving to a new place of residence, change in family make-up, or recent death in family. Please tell us if your child has been in counseling and for what reason.

Name of **physician**/health care provider _____ Ph(____) _____

Name of **dentist/dental** care provider _____ Ph(____) _____



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Please mail and/or deliver your completed **application, registration fee, and required documentation** to the address below.

**Only completed applications will be considered.*

ATTN: DRA Admissions
Deeper Root Academy
1450 Citrus Oaks Ave, Building 200
Gotha, FL 34734