



# Deeper Root Academy

## "Sustaining Life For Our Tomorrow"

8001 Silver Star Road Orlando, FL 32818

### Enrollment Application for Siblings

Dear Parent/Guardian:

We are pleased that you have chosen Deeper Root Academy for your child. Please complete all of the information requested in this application packet. The checklist below is provided for your convenience. Upon receipt of all items, including recommendation letters, the Admissions Team will review to determine admittance into the program. You will be notified via email once a determination has been made.

#### **Please be sure the following forms have been completed:**

- Enrollment Application
- Recommendation Letters
- Submitted Birth Certificate and Shot Records

#### **In addition, you will need to have:**

- \$100.00 New Student Application Fee Non-Refundable
- \$100.00 Annual Enrollment Fee Non-Refundable
- Activity Fee (*if accepted*)

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

484-321-6957

[admissions@deeperrootacademy.org](mailto:admissions@deeperrootacademy.org)

[www.deeperrootacademy.org](http://www.deeperrootacademy.org)

Today's date \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade Level child is entering: \_\_\_\_\_

**Program Fees**

**New Student Application Fee Non-Refundable.....\$100**  
**Annual Enrollment Fee Non-Refundable.....\$100**

**2024-2025 Fee Schedule:**

<b>Infant/Toddler</b> (6 weeks – 1 yr.)	<b>Toddler</b> (2yrs and 3yrs.)	<b>VPK</b> (4yrs.)	<b>Kindergarten thru 8th</b>
Registration \$100.00 <b>Non-Refundable</b>	Registration \$100.00 <b>Non-Refundable</b>	Registration \$100.00 <b>Non-Refundable</b>	Registration \$100.00 <b>Non-Refundable</b>
Tuition \$12,000	Tuition \$10,320	Tuition \$9,360	Tuition \$8,500

**2024-2025 Annual Activity Fees  
Non-Refundable**

Infant/Toddler/Preschool 1 yr. and 2 yr. \$140.00	Preschool/VPK (3 yrs and 4 yrs.) \$170.00	Kindergarten thru 8th \$287.00
---	---	-----------------------------------

- Before School Care - \$15/wk      After School Enrichment Program - \$60/wk

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. (posted online)

For Office Use Only:

Start Date: \_\_\_\_\_ Certificate#: \_\_\_\_\_

Receipt #

Reg. Fee/ 1st week/ Tuition Advance State/F.Aid/Private Approved By Handbook

**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:** \_\_\_\_\_ **Gender:** M F

---

---

---

---

**Previous School Attended:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Ethnic Origin (Optional): For statistical purposes only:**

Asian \_\_\_\_\_ African-American \_\_\_\_\_ Caucasian \_\_\_\_\_ Native American or Alaskan \_\_\_\_\_

Native Hawaiian or Pacific Islander \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Other \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

1st Parent/Guardian's Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Home address if different from above: \_\_\_\_\_

---

2nd Parent/Guardian's Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Home address if different from above: \_\_\_\_\_

---

**MEDICAL HEALTH INFORMATION**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*NO Medications will be dispensed by the Academy Staff. Please make arrangements to administer your child's medication before or after school. If there are special circumstances, please communicate this to the school director.*

**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 family death. Please tell us if your child has been in counseling and for what reason.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

**ATTN:** DRA Admissions  
Deeper Root Academy  
8001 Silver Star Road  
Orlando, FL 32818

\*\*\* The Recommendation Letter request will be sent to the previous school once this application is received. \*\*\*

*\*Only completed applications will be considered.\**