Rooted Christian Academy
Application and Parental Agreement
2027-2028

Please email completed application to rootedchristianacademy@yahoo.com.

Child's Full Name: _____**DOB:** _____

Parent/Guardian 1: _____ **Phone:** _____

Parent/Guardian 2: _____**Phone:** _____

Address: _____

Legal Custody circle one Mother Father Both Other_____

Email address: _____

Do you receive texts? Yes or No

Please Circle: Male / Female

Racial Background: Please Circle One- Hispanic Asian Caucasian

Black/African American Native Hawaiian or Pacific Island

American/Alaskan Native Other_____

Language(s) spoken in the home _____

Additional Authorized Pick-up Person(s)

1. _____ Relationship_____ Phone #_____

2. _____ Relationship _____ Phone # _____

3. _____ Relationship _____ Phone # _____

Home Church (if any)

_____

How did you hear about RCA?

_____

Program/Classes: Please select

☐ 3's/4's (Mon/Wed/Fri 8:30-11:30am) ☐ PreK (Mon/Wed/Fri 12:00-3:00pm)

3-year-olds must be 3 by September 1, 2027
4-year-olds must be 4 by September 1, 2027
Prek student must be 4.5y by March 1, 2027

Is the child fully potty trained? (Able to go to the bathroom unassisted including pulling up and down of bottoms and ability to wipe themselves) If NO, child must be fully potty trained by the start of school in September. YES or NO

Permission to Use Child's Image

During the school year, RCA may take photographs or videos of children participating in classroom activities, special events, and school programs. These images may be used for educational purposes, school publications, newsletters, and the school's website.

Please indicate your preference below:

- ☐ I give permission for my child's image to be used by RCA for the purposes listed above.
- ☐ I do not give permission for my child's image to be used by RCA for the purposes listed above

Printed Name_____ Signature _____

***Please note: Regardless of your selection, photographs and videos may occasionally be taken for internal classroom documentation and student assessment purposes. Children without media consent will not be identified or featured in public-facing materials*

Emergency Information

Pediatrician Name: _____Phone Number: _____

Preferred Hospital: _____

Parental Consent:

In the event reasonable attempts to contact the listed parents/guardians have been unsuccessful, I hereby give my consent for the 1) administration of any treatment deemed necessary by above named doctor or in the event of the designated preferred practitioner is not available by another licensed physician; and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity of such surgery are obtained prior to the performance of such surgery.

Parental Signature: _____Date: _____

Allergies, medical history, or medication to which Rooted Christian Academy should be alerted to?

_____

_____

_____

Neurodiversity Statement

At Rooted Christian Academy, we value and respect the unique ways that children learn, communicate, interact and experience the world. We understand that some children may have diagnosed or undiagnosed learning, developmental, sensory, behavioral, attention, or social-emotional differences, including ADHD, autism, sensory processing challenges, anxiety, or other neurodevelopmental needs.

We believe strong partnership with our families and teachers is essential. Parents are encouraged to share helpful information regarding their child's strengths, challenges, triggers, diagnoses, therapies, or support strategies so we can best support their child within the classroom.

While we strive to support a wide range of individual needs, Rooted Christian Academy is not a therapeutic, behavioral, or special education program and is not able to provide 1:1 aides, intensive behavioral intervention, or specialized clinical services.

If a child's needs significantly impact their safety, well being, or ability to participate successfully in the program, we will need to discuss whether our program is the best for the child at that time.

By signing below, you agree that you have read and understand Rooted Christian Academy's Policy on neurodivergence and agree to meet with the director to discuss any needed details before enrollment.

Parent/Guardian Signature: _____

Tuition & Fees

Tuition payments are due on the 1st of the month and must be paid in-full regardless of a child's attendance, including illness, holidays, or planned absences. No discounts or credits are provided for missed days.

Payments are made through our Brightwheel App. A late fee of $25 will be applied if payment is not received by the due date. Tuition is deemed late if not paid by the 5th, unless other arrangements have been made.

If I wish to withdraw my child, I will provide 3 weeks written notice. Tuition for the notice period remains due.

I understand that the Registration fee holds my child's spot within the school, and is NON-refundable unless we are unable to provide a place for your child.

Parent/Guardian Signature: _____

3-4 Year Old Preschool

Meets every Monday, Wednesday, & Friday Morning
8:30 a.m. to 11:30 a.m.

Cost: $425/month over 10 months
Non-Refundable Registration/Supply Fee $150
Yearly Rate: $4,250

5% Discounted cost if paid in full by Sept. 1st $4,037.50

PreKindergarten

Meets every Monday, Wednesday, & Friday
12:00 p.m. to 3:00 p.m.

Cost: $425/month over 10 months
Non-Refundable Registration/Supply Fee $150
Yearly Rate: $4,250

5% Discounted cost if paid in full by Sept. 1st $4,037.50

**Families enrolling more than one child will receive a 5% discount on the lower tuition rate for the additional sibling(s)

HOW WOULD YOU LIKE TO PARTNER WITH ROOTED THIS YEAR?

Rooted Christian Academy

We believe a strong school community grows when families and teachers work together. Choose any opportunities that fit your interests, talents, and schedule.

Child's Name:
_____

Parent/Guardian:
_____

🌱 Share Your Gifts

Is there a skill, career, hobby, culture, or talent you or another family member might enjoy sharing?

☐ Music ☐ Cooking/baking ☐ Gardening ☐ Science/STEM ☐ Career/profession

☐ Hobby/special skill ☐ Other:
_____

Tell us more: _____

🌱 Behind-the-Scenes Support

☐ Cutting/preparing classroom materials ☐ Organizing supplies

☐ Preparing items for projects/events

☐ Other: _____

🌱 Other Ways to Support Rooted

☐ Help with community/school events ☐ Welcome/connect with new Rooted families

☐ I have another idea:
_____

🌱 Cheer Rooted on From the Sidelines

☐ Our family's schedule doesn't allow us to volunteer right now, and that's okay!

Family participation is always optional. Participation will never affect your child's enrollment or experience at Rooted. Some opportunities may require a background check, orientation, or other safety requirements.

However you choose to participate, we're grateful to have your family as part of the Rooted community.

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