



K-8 RE-ENROLLMENT FORMS FOR RETURNING STUDENTS 2017-2018 Academic Year

Please complete the following required forms:

- Student Information
- Enrollment Contract
- Financial Responsibility / Late Payment Form
- Liability Agreement
- Media Release and Excursion Permission Form
- Parent/Guardian Participation and Parent Handbook Form

Please complete the following forms if any information has changed since the last school year:

- Parent/Guardian Contact Information
- Emergency Treatment Consent Form
- Student Drop off and Pick Up Information
- Health and Medical Insurance Information

The following do not need to be submitted if already on-file w/ Roots School:

- Physical Examination Report from a Physician
- Student's Health Record Form (to be completed by a Physician)
- Tuberculosis (TB) Test or Letter (to be completed by a Physician)
- Immunization Records (to be provided by a Physician) or Request for Immunization Exemption form
- Birth Certificate
- Social Security Card

All documents must be signed by both parents/guardians of the student when both parents/guardians have joint and/or legal physical custody, regardless of marital status.

All required paperwork for the 2017-2018 academic year must be completed and submitted to Roots School no later than February 28, 2017.

For Roots School Office Use Only:

STUDENT'S NAME (last, first, mi): _____

Date Forms Received: _____

Check # _____ Money Order

Amount \$ _____

Received By: _____

Tuition Payment Plan Selected:

Annual Semi-Annual Monthly

Entering Grade: _____

Status: _____



STUDENT INFORMATION

Entering Grade: _____

Date: _____

Child's Legal Name _____

Child's Date of Birth _____

Child lives primarily with (name) _____

Child's Primary Residence address _____

Mailing address, if different from above _____

PARENT/GUARDIAN CONTACT INFORMATION
(complete only if information has changed)

Parent/Guardian #1 Name _____

Home phone _____ Cell phone _____

Email _____

Employer _____ Work phone _____

Parent/Guardian #2 Name _____

Home phone _____ Cell phone _____

Email _____

Employer _____ Work phone _____

Parent/Guardian #3 Name _____

Home phone _____ Cell phone _____

Email _____

Employer _____ Work phone _____

Parent/Guardian #4 Name _____

Home phone _____ Cell phone _____



Email _____

Employer _____ Work phone _____

EMERGENCY TREATMENT CONSENT FORM

(Complete only if information has changed. Please refer to the Parent Handbook for details.)

Child's Legal Name _____

Primary Residence Address _____

_____ Home Phone _____

Parent/Guardian to Contact in Emergency _____

Call Phone #1 _____ Call Phone #2 _____

Email _____

Physician's Name _____

Physician's Address _____

Physician's Phone Number _____

Emergency Contact (**if parent/guardian is unavailable**)

Name _____

Relationship to Child _____

Call Phone #1 _____ Call Phone #2 _____

Address _____



STUDENT DROP OFF and PICK UP INFORMATION
(Complete only if information has changed.)

Please list who is authorized to bring your child to school, and pick up your child from school?
(Any changes must be made in writing)

First and Last Name _____

Relationship to child _____ Phone _____

First and Last Name _____

Relationship to child _____ Phone _____

First and Last Name _____

Relationship to child _____ Phone _____

First and Last Name _____

Relationship to child _____ Phone _____

Name of Parent/Guardian #1 (print) _____

Signature _____ Date _____

Name of Parent/Guardian #2 (print) _____

Signature _____ Date _____



HEALTH and MEDICAL INSURANCE INFORMATION

Special Medical Issues (include anything we should be aware of): _____

Allergies: _____

History of asthma? Yes / No

History of seizures or other loss of consciousness? Yes / No

History of heart problems? Yes / N

If you answered “yes” to any of the above, please explain in detail the nature of their condition, including date of last occurrence and frequency of asthma attacks and/or seizures.

May be given as necessary: Ibuprofen? Yes / No

Tylenol? Yes / No

Any specific activities your child is not able to participate in? _____

Medical Insurance Carrier _____

Member ID Number _____ Group Number _____

Insured’s Name _____

I hereby give my consent in advance to Roots School and to the physicians or hospital selected by them to render emergency treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens and x-rays, giving blood transfusions and medications, anesthesia and surgery for my dependent listed above. I understand that Roots School will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency. I specifically release Roots School from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrences causing injury to any person or property.

Name of Parent/Guardian #1 (print) _____

Signature _____ Date _____

Name of Parent/Guardian #2 (print) _____

Signature _____ Date _____



MEDIA RELEASE PERMISSION

As the parent/guardian of (print legal name of child) _____ ,
I understand if I grant permission for certain types of media, my child’s image, voice and/or work may be displayed and/or used in Roots School publications developed by Roots School teachers and/or staff members.

Please initial inside the box to grant or deny permission for the each of following:

Media Release Permission For	I Grant Permission	I Do Not Grant Permission
Photographs of your child		
Videos of your child		
Audio recordings of your child		
Appear on Roots School Facebook Page		
Appear on Roots School Website		

EXCURSION PERMISSION

- I grant permission to Roots School to take my child on outings in the community.
- I do not grant permission to Roots School to take my child on outings in the community.

By signing below, I affirm that all of the information on this page is correct:

Name of Parent/Guardian #1 (print) _____

Signature _____ Date _____

Name of Parent/Guardian #2 (print) _____

Signature _____ Date _____



K-8 ENROLLMENT CONTRACT FOR THE 2017-2018 ACADEMIC YEAR

In order to guarantee a space for your child in the upcoming 2017-2018 academic school year, all paperwork must be completed and submitted to Roots School no later than February 28, 2017 and all families must be signed up for FACTS no later than March 1, 2017.

Roots School requires all families to use FACTS, an online management system to process tuition and fee payments. FACTS is free for families who select the “One Tuition Payment” option.
Sign up for FACTS at: <https://online.factsmgmt.com>

ANNUAL TUITION AND FEES \$8,500

Please indicate the payment plan selected by initialing next to it and signing the agreement on next page.

_____ **One Tuition Payment**

Tuition Prepayment #1 Due by April 3, 2017..... \$2,000
Tuition Balance Due by June 1, 2017..... \$6,100

_____ **Two Tuition Payments**

Tuition Prepayment #1 Due by April 3, 2017..... \$2,000
50% Tuition Balance Due by May 1, 2017..... \$3,150
50% Tuition Balance Due by November 1, 2017..... \$3,150

_____ **Ten Monthly Tuition Payments**

Tuition Prepayment #1 Due by April 3, 2017..... \$850
Tuition Prepayment #2 Due by May 1, 2017..... \$850
Tuition Prepayment #3 Due by June 1, 2017..... \$850
Seven Monthly Tuition Payments of \$850 each due by July 3, 2017, August 1, 2017, September 1, 2017, October 2, 2017, November 1, 2017 and December 1, 2017, and January 2, 2018.

Students are enrolled for the FULL ACADEMIC YEAR, and no adjustments in tuition can be made by the Roots School for absences, vacations, withdrawal, and/or dismissal. All tuition and fees paid are non-refundable, including any prepayments. If tuition assistance is cancelled for any reason, Roots School must be notified in writing immediately.

Enrollment Policy: Enrollment may be cancelled by the parents/guardians in writing, without penalty (except forfeiture of the Non-Refundable prepayments) prior to June 1st, 2017.

If enrollment is cancelled on or after June 1st, 2017, parents/guardians financially responsible for the student(s) are still obligated to pay the full annual tuition. No portion of tuition paid or outstanding will be refunded or cancelled in the event of absence, vacations, withdrawal, and/or dismissal from the school of the above student.

Communication: Parents/Guardians agree to inform Roots School of any major incident or situation that may impact my child’s ability to focus or perform at school, and agree to work closely with the school and his/her teachers to ensure my child’s safety and success, and the safety of other Roots School students, teachers and administrators.

Late Payment Fees and Return Payment Fees: A late fee of \$20 will be assessed for any payment not received within 9 (nine) days of the due date. Tuition and fees are considered past due 30 (thirty) days after the



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 740 Haiku Road / PO BOX 975
 Haiku, HI 96708

808-250-7988
 admissions@rootsmaui.org
 www.rootsmaui.org

billing date. In addition to the late fee, an interest rate of 1.5% per month may be applied to delinquent accounts until the overdue amount is paid. Additional fees may be charged by FACTS for returned payments. Parents/guardians who have difficulty making timely payments must contact the Roots School office to arrange a satisfactory payment arrangement. When such arrangements have not been made, an account in arrears for more than 45 days will be sent to a collections agency or attorney. Parents/guardians must pay all collection fees, attorney fees, and any other costs associated with collecting any outstanding amounts.

Withdrawal Policy: Withdrawal from Roots School prior to the end of the academic year has an impact on the students socially and on Roots School operationally. When a family commits to Roots School, they are making a full year commitment and tuition is due and owing at the beginning of the year.

Families that intend to withdraw from Roots School must notify Roots School at least thirty (30) days prior to withdrawal in writing by Certified U.S. Mail or in-person. If a request to withdraw is cancelled, the student will be allowed to continue at Roots School provided that the space has not already been filled by someone on the waiting list. If the student is re-enrolled, a \$50 administrative fee will be due and owing.

Dismissal Policy: If the unfortunate circumstance arises in which Roots School determines that the student may not remain enrolled at Roots School and should be dismissed; all tuition shall be forgiven in ratio to the remaining days of school, except in those instances in which the separation is due to a violation of these policies by the parents/guardians. All fees paid are non-refundable.

By signing the Roots School Enrollment Contract for the 2017/2018 academic year, I/we accept all of the terms and conditions outlined in this Enrollment Contract and the Parent Handbook.

Name of Parent/Guardian #1 (print) _____

Signature _____ Date _____

Name of Parent/Guardian #2 (print) _____

Signature _____ Date _____



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740 Haiku Road / PO BOX 975
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808-250-7988
admissions@rootsmaui.org
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FINANCIAL RESPONSIBILITY/LATE PAYMENT FORM

Name of Parent/Guardian responsible for full payment of tuition and fees as defined in the current Parent Handbook:

(Print name) _____

Home Phone _____ Cell Phone _____

Email _____

Mailing Address _____

Parent/Guardian Date of Birth _____ Social Security # _____

Relationship to Student _____

If requesting a sibling discount for this student, please write the name of oldest full-time paying student:

(print older sibling's name) _____



LIABILITY AGREEMENT between Roots School and the legal Parent(s) / Guardian(s) of (print name of student) _____

DEFINITIONS:

“Roots School” means teachers, employees, representatives, property, and any place or location where lessons or activities may take place.

“Parents/Guardians” means one or more legal guardians or persons otherwise responsible for making decisions on the student’s behalf.

“Family & Guests” means Parents their children, siblings, and any children or adults who are their guests or otherwise the reason they are present on the Roots School property.

ROOTS SCHOOL PREMISES:

Safety is always a significant concern and children are not put in dangerous situations, however Parents/Guardians acknowledge that accidents can happen when children are playing or learning around natural conditions. Parents/Guardians hereby acknowledge that Roots School is located on a rural property. It is acknowledged by all parties that this is not a public school; many modern ideas as to what may be considered expected safety restraints, practices, equipment, warning signs, etc. in a public or school setting may not be present, and are specifically not desired to be present by Parents/Guardians. Parents/Guardians expect and desire that there will be regularly occurring activities in alignment with the rural nature of Maui, such as animal handling, tree climbing, hiking, swimming, working with garden tools, and any and all activities in alignment with the rural nature of the area.

With full knowledge of the above facts and warnings, Parents/Guardians accept and assume all risks and responsibility involved in or related to any and all activities engaged in by their Family & Guests while on the Roots School property or in the care of Roots School staff.

HOLD HARMLESS:

Roots School does not assume any liability for loss, damage or injury to Family & Guests, persons or their personal property. Parents/Guardians acknowledge that the property is located in a rural community and Roots School has a natural experiential focus, and as such, while all reasonable safety measures for children are always taken, services provided to children are without warranty, guarantee or liability beyond those mandated for the protection of all children under the laws of the State of Hawaii and the United States of America.

INDEMNITY:

The undersigned, for himself/herself, his/her children, family & guests, heirs, assignors, executors, and administrators, fully releases and discharges Roots School from any and all claims, demands and causes of action by reason of any injury or whatever nature which has or have occurred, or may occur to the undersigned, or any of his/her children or family & guests as a results of, or in any connections with, Roots School including the use of the premises, property, structures, play equipment, off-property activities, and any and all other Roots School related property or activity, and agrees to hold Roots School and Roots School teachers, staff, volunteers, representatives, and Board, free and harmless of any claim or suit arising therefrom.

JURISDICTION:

Any action concerning the rights, duties or liabilities of the parties to this agreement will be decided within the State of Hawaii, County of Maui, and the parties stipulate and agree that all disputes between or arising out of this Agreement must first be submitted to confidential mediation in the County of Maui, State of Hawaii, in accordance with the Rules, Procedures, and Protocols for Mediation of Disputes of Dispute Prevention & Resolution, Inc. (based in Honolulu, Hawaii), then in effect. The mediators’ fees and expenses are to be shared equally between the parties.



LIABILITY AGREEMENT ACKNOWLEDGMENT:

Parents/Guardians acknowledge they have reviewed and understand the terms of this liability agreement and agree to be bound thereby.

Name of Parent/Legal Guardian #1 (print) _____

Signature _____ Date _____

Name of Parent/Legal Guardian #2 (print) _____

Signature _____ Date _____

PARENT/GUARDIAN PARTICIPATION FORM

All families are required to participate in Roots School work activities. Because of the diversity in family and students, parent hours are based on the number of parents/guardians active in the student(s)' lives. Irrespective of the number of children in a family, each parent/guardian is required to work 12 hours for the academic school year regardless of the total number of children in that family enrolled at Roots School.

Each family is also required to participate in the annual fundraiser.

My signature below indicates that I understand that as a Roots School parent, each parent in my family is responsible for a total of 12 parent hours per parent at Roots School. If I am not able to fulfill those hours with time, I may donate \$25 for each of the 12 hours. While any adult member of my family may participate, I am taking full responsibility for the fulfillment of hours:

PARENT HANDBOOK ACKNOWLEDGEMENT

I, the undersigned acknowledge that I have read all of the above, and also agree to abide by the policies outlined in the current Roots School Parent Handbook.

Name of Parent/Guardian #1 (print) _____

Signature _____ Date _____

Name of Parent/Guardian #2 (print) _____

Signature _____ Date _____