

Well Rooted Micro School  
Dayton, Minnesota

REGISTRATION FORM

Name of Child: \_\_\_\_\_  
(Last) (First) (Middle)

Parents/ Guardian Full  
Name: \_\_\_\_\_  
(Father) (Mother)

Address of Mother or Legal Guardian: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address of Father or Legal Guardian: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child Resides with: \_\_\_\_\_

Allergies of Child (food, insects,  
medications): \_\_\_\_\_  
\_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

We only release your child to be picked up by you. We request a phone call or text if someone else is going to pick up your child. Is there anyone not authorized to pick up your child?

\_\_\_\_\_

**A Non-Refundable \$150 Registration and Materials fee is due upon registration. This can be paid on Omella via the Well Rooted website.**

Please Select an option for your Child:

\_\_\_\_\_ Three Days a week (T,W, TH) \$340 Biweekly or \$680 Monthly

\_\_\_\_\_ Two Days a week (T, W) \$260 Biweekly or \$520 Monthly

I will pay Bi-weekly\_\_\_\_\_

I will pay Monthly\_\_\_\_\_

1. I understand that my registration/Materials fee is NON-REFUNDABLE.
2. I agree, that if I am paying Monthly or Bi-weekly, to pay September's tuition on or before September 1
3. I agree that if I am paying Monthly, to pay on the 1st of each month.
4. I agree that if I am paying Bi-weekly, to pay on the 1st and 15th of each month
5. I agree that I will be required to pay a %10 late fee if I am more than 10 days late.
6. If I continue to have late payments I will be put on a plan with the staff
7. I understand that my child is expected to remain enrolled for the duration of the year, and that if we are moving or must discontinue for other reasons, a THIRTY DAY WRITTEN NOTICE IS NECESSARY. Without such notification, an additional month's tuition will be charged.
8. I understand that failure to pay tuition by the last day of the month will cause me to discontinue my child's enrollment UNLESS I have discussed the situation with teachers.
9. I understand that the tuition for the school year is a set rate, and that I am expected to pay when my child is sick, on vacation or otherwise absent in order to retain their spot in the micro school.

Signature of Parent Guardian:\_\_\_\_\_

Date:\_\_\_\_\_

In the event of an accidental ingestion of poison, I understand that the staff will contact the Poison Control Center. I give permission for the staff to administer syrup of ipecac to my child if directed to do so by authorities at Poison Control.

Signature of Parent Guardian:\_\_\_\_\_

Date:\_\_\_\_\_

I understand that my child's health and immunization records must be on file within 2 weeks of my child's first day at school. The form can be found [Here](#) or printed by Doctor.

Signature of Parent Guardian:\_\_\_\_\_

Date:\_\_\_\_\_

I understand that if Well Rooted is not the right fit for my child, The staff will follow these steps:

1. Contact Parents/ Guardians for a time to discuss a Plan

2. The plan will begin
3. If it still seems like not the right fit still, Staff and families will meet to begin the unenrolling process. (We want it to work for everyone though!)

Signature of Parent Guardian:\_\_\_\_\_ Date:\_\_\_\_\_

### Emergency Contact information:

Child's Name:\_\_\_\_\_

Date of Birth:\_\_\_\_\_

If both Parents/Guardians are unable to get a hold of below are two names of emergency contacts:

Contact 1-

Name:\_\_\_\_\_ Relationship to Child:\_\_\_\_\_

Phone Number:\_\_\_\_\_

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

Contact 2-

Name:\_\_\_\_\_ Relationship to Child:\_\_\_\_\_

Phone Number:\_\_\_\_\_

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

Child's Physician:

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

Phone:\_\_\_\_\_

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

I HEREBY GRANT PERMISSION FOR THE DIRECTOR AND/OR TEACHERS TO TAKE WHATEVER STEPS MAY BE NECESSARY TO OBTAIN CARE FOR MY CHILD.

These steps include the following:

1. Attempt to contact parent or guardian.

2. Attempt to contact a parent through any of the persons listed on the child's emergency card on file.
3. Attempt to contact the child's physician.
4. If we cannot contact a parent or the child's physician we will do any or all of the following:
  - a. Call Champlin Medical Center
  - b. Call an ambulance
  - c. Have the child taken to Allina Medical Center in the company of a staff member
5. Any expenses incurred under #4 above will be borne by the child's family.
6. Well Rooted will not be responsible for anything that may happen as a result of false information given at the time of enrollment or on subsequent forms.

Signature of Parent Guardian:\_\_\_\_\_ Date:\_\_\_\_\_