



# **rooted literacy**

growing strong readers one at a time

Enrollment Packet  
2018 – 2019 School Year

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## Student Information and History

Dear Parent/Guardian:

We are requesting the following information to help us understand your child better. All information on this form is *confidential* and will not be released without your permission.

Please do your best to fill out this form as completely and as accurately as possible. The more we know about your child, the better we can serve them. If you have any questions about this form, please call us at 404.444.6544.

Remember that evaluations and tutoring cannot begin until your child's file is complete. You may either bring the completed forms with you to our first meeting or you may return the forms to:

Rooted Literacy  
555 Marsh Park Drive  
Johns Creek, GA 30097

or [julia@rootedliteracy.org](mailto:julia@rootedliteracy.org)

I look forward to working with your child this year.

All my best,  
Julia Cook

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© 2018 Rooted Literacy [www.rootedliteracy.org](http://www.rootedliteracy.org)  
555 Marsh Park Drive, Johns Creek, Georgia 30097



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## Preliminary Information

Referred by: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Person Completing This Form: \_\_\_\_\_

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

## Student Information

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

School: \_\_\_\_\_ Grade in school: \_\_\_\_\_

## Contact Information

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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## Family Information

Mother's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Other adults living in the home: \_\_\_\_\_

Who usually takes care of your child? \_\_\_\_\_

Siblings – please list in birth order with age:

_____	_____
_____	_____
_____	_____

Does your child understand/speak a language other than English? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Which is the dominant language spoken at home? \_\_\_\_\_

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## Hearing and Vision

Do you think that your child has a hearing problem?    Yes    No

Has your child's hearing been tested?    Yes    No

By whom? Date of test? \_\_\_\_\_

Findings: \_\_\_\_\_

Has your child's vision been tested?    Yes    No

By whom? Date of test? \_\_\_\_\_

Findings: \_\_\_\_\_

Is child receiving any medication?    Yes    No

If yes, please explain: \_\_\_\_\_

## Social and Emotional Development

Briefly describe what led you to seek reading tutoring:

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Describe your child's personality.

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What are your child's strengths?

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In what areas could your child improve?

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What are your child's favorite activities?

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How does your child get along with friends and family?

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Please tell us anything else about your child that you would like for us to know.

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## Release of Information

I, \_\_\_\_\_ (*parent/guardian's name, printed*),  
authorize Rooted Literacy to release information about my child,  
\_\_\_\_\_ (*child's name, printed*) regarding his/her reading  
tutoring, including but not limited to evaluation results, goals, and progress.

I authorize release of information to:

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Speech and Language Therapist: \_\_\_\_\_

Other Contact(s): \_\_\_\_\_

I understand that I may cancel this release in writing at any time. Copies of this  
authorization shall be considered as valid as the original.

Parent/Guardian Signature: \_\_\_\_\_

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

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## Parental Consent

I, \_\_\_\_\_ (parent/guardian's name, printed), give permission for my child, \_\_\_\_\_ (child's name, printed) to receive reading tutoring services with Rooted Literacy.

Parent/Guardian Signature: \_\_\_\_\_

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

Please initial each of the following to show you have read and agree with each statement:

\_\_\_\_\_ I understand that all tutoring takes place at 555 Marsh Park Drive, Johns Creek, Georgia 30097.

\_\_\_\_\_ I agree to pay for the month of tutoring by the 5<sup>th</sup> of each month. After the 5<sup>th</sup> of each month, a \$25 late fee will be incurred. Any delinquent account past the 15<sup>th</sup> of each month will result in stopped tutoring sessions until fees are up to date.

\_\_\_\_\_ I understand that no sessions will be refunded if a session is missed (every effort will be made to reschedule, but rescheduling depends on the tutor's existing schedule).

\_\_\_\_\_ I agree to drop my child off and pick my child up promptly so that other students can begin and end their sessions on time.

\_\_\_\_\_ I agree to support and encourage my child's reading progress by participating in any literacy activities that are sent home.

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## Financial Agreement

### Fees

Initial Reading Assessment and Evaluation fees are \$250. This includes a one hour testing session, a written report and a meeting to discuss the results. The fee is expected at the time of the report delivery.

Should a client request our service at an Individual Education Planning meeting, those fees are \$125. This fee will be added to the current month of tutoring.

Tutoring sessions for reading are \$75/hour. Invoices are to be paid at the last session of the month.

A payment is late after the 5<sup>th</sup> day of the new month. Any bill not paid by the 5<sup>th</sup> will incur a \$25 late fee. Any delinquent account after the 15<sup>th</sup> results in termination of tutoring services until the account is up to date.

\_\_\_\_\_ please initial

### Cancellations

Any missed sessions and/or any sessions not cancelled 24 hours in advance will be charged the full amount. Canceling a session should be done directly with your tutor. If your child is sick the day of a tutoring session, please try to call early in the day to let your tutor know. In certain situations, the fee can be waved. If a student misses too many sessions, termination of tutoring may apply.

\_\_\_\_\_ please initial

Student's Name: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

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