



Roots Farm "Education with a Purpose"

P.O. Box 438 Palo Cedro, CA 96073 (530) 549-8021

Application for Membership 2026-2027

MEMBER INFORMATION

Child's Name:

First
Age

Middle

Last

Sex

Physical Address:

Number/Street

City

State

Zip

Mailing Address:

Number/Street

City

State

Zip

Home Phone:

Date of Birth:

Grade:

CHILD LIVES WITH (check any that apply) Both parents Parent 1 Parent 2 Guardian Other (relationship):

PARENT ONE <small>Check if address/home phone is same as student</small>	PARENT TWO <small>Check if address/home phone is same as student</small>
Mr. Ms. Mrs. Dr. Other Full Name:	Mr. Ms. Mrs. Dr. Other Full Name:
Home Telephone: Email: Occupation: Employer (if self-employed, list company name): Work Telephone: Ext: Cell:	Home Telephone: Email: Occupation: Employer (if self-employed, list company name): Work Telephone: Ext: Cell:

How did you hear about Roots Farm EDU?

SIBLING INFORMATION

Please list additional siblings on back of sheet

Name	Date of Birth	School	Grades/Ages

Previous Education ~ Name	Address	Grades/Ages

HEALTH HISTORY

Does your child have any allergies or physical limitations? Please explain.

Please list any medication your child may be using during the academic year:

Has your child had any traumatic experiences (physical or emotional) during the early years about which we should be made aware (i.e., head injuries, family deaths, surgeries, serious illness, sibling illness, unconsciousness, etc.)?

EMERGENCY CONTACTS

Name and telephone number of other person(s) to be contacted in an emergency

Name: Phone: Relationship:

Name: Phone: Relationship:

Doctor: Phone:

MEDICAL CONSENT

I do consent to any medical treatment necessary during the operating hours of Roots Farm EDU. I, _____ being legal parent/guardian of the above named child authorize Roots staff to sign any written consent form required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

PERSONALITY

Describe your child's interests. Which subjects tend to capture his/her interest? What does he/she enjoy doing most at home?

What are his/her strengths, both academically and socially?

What are his/her weaknesses, both academically and socially?

CHOOSING ROOTS

Please state the three most significant reasons why you would like your child to attend Roots Farm EDU?

How can Roots nurture your child?

How would you rate your understanding of the educational philosophy of Charlotte Mason?

Non-existent Minimal Moderate Full

A Charlotte Mason education is considered a living education. How would you describe a living education?

Roots is a faith-based learning center. Mason saw the knowledge of God as the chief purpose of education. Have you read our faith statement on our website and what do you believe is the chief purpose of education?

What form of measurement do you feel is best for evaluating student learning, narrative written exams or online achievement tests?

What are your home practices as far as screen time is concerned? Is time limited and/or supervised, and are you willing to sign our Acceptable Use of Screen Policy?

POLICY INFORMATION

Acceptance of any child at Roots Farm EDU is a decision of the administration. Acceptance is based on the compatibility of the program, the parents, and the child.

Accurate and complete information relating to a student’s special learning issues, emotional stability, or physical limitations should be disclosed during the application process. With such accurate information, Roots can carefully and prayerfully evaluate how effectively we can meet the needs of each child.

Currently, Roots Farm EDU does not offer a program dedicated to the needs of students with disabilities. However, an individual with these needs will not be automatically denied admission.

Is there anything about your child – academically, physically, or emotionally – that we should be made aware of at this time? (Please mention any special evaluations or tests, recommendations, or referrals.)

NON-DISCRIMINATION POLICY: Roots Farm EDU admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to members. Roots Farm EDU does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and financial aid programs, and other organization-administered programs.

PHOTOGRAPHS & VIDEO CONSENT

I, _____ being parent/guardian of above-named child do consent for the photographs and videos to be used in any future publicity material related to Roots Farm EDU.

Print Parent Name:

I hereby testify that the aforementioned statements and responses on this application are true and accurate to the best of my knowledge. I understand that if these statements are found to be false, the application will be removed from consideration prior to enrollment.

Parent/Guardian Signature: _____ **Date:** _____

For School Use Only
Date Application was received: _____ By: _____