



Enrollment Packet 2023-24

Thank you for enrolling your child at Five Rose Lane. Students are not registered until all forms and payment have been received. **Please fill in ALL sections of this packet, using N/A if not applicable.** You may contact fiveroselane@gmail.com with any questions or concerns. We look forward to partnering with you for a wonderful year of learning and growing!

Basic Information:

Child's Name: _____

Date of Birth: _____ Present Age: _____

Child Identifies As: Male Female Nonbinary Other _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Applying For:

Sweet Peas (3 years old by September 1)

This group meets from 9-12 on Tuesdays and Thursdays. There are no 3 or 4 day options for Sweet Peas.

Morning Glories (4 years old by September 1)

This group meets from 9-12 on Tuesdays, Wednesdays, and Thursdays. You may choose 2 days or 3 days for Morning Glories.

My child will attend ___ Tuesdays ___ Wednesdays ___ Thursdays

Buttercups (2 year Kindergarten for 5 & 6 year olds)

This group meets from 9-1 Monday through Thursday. You may choose 2, 3, or 4 days for Buttercups.

My child will attend ___ Mondays ___ Tuesdays ___ Wednesdays ___ Thursdays

Daisies (Grade 1)

This group meets from 9-1 on Mondays, Tuesdays, Wednesdays, and Thursdays. There are no 2 or 3 day options for Daisies, but there is an optional enrichment hour from 1-2.

Rosebuds (Grade 2)

This group meets from 9-1 on Mondays, Tuesdays, Wednesdays, and Thursdays. There are no 2 or 3 day options for Rosebuds, but there is an optional enrichment hour from 1-2.

Elderberries (Grade 3)

This group meets from 9-1 on Mondays, Tuesdays, Wednesdays, and Thursdays. There are no 2 or 3 day options for Rosebuds, but there is an optional enrichment hour from 1-2.

Family Information:

Parent/Guardian 1: _____

Relation to Child: _____ Home Address Same as Child

Home Address (if different from child): _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Employer: _____ Work Phone: _____

Best Way to Contact: Call: Cell or Work Text Email FB Messenger

Parent/Guardian 2: _____

Relation to Child: _____ Home Address Same as Child

Home Address (if different from child): _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Employer: _____ Work Phone: _____

Best Way to Contact: Call: Cell or Work Text Email FB Messenger

Parents/Guardians: Married Divorced Separated

Single Partners Other

With whom is the child living? (Please describe living arrangements/schedule if the child lives in multiple homes.) _____

Language(s) Spoken at Home: _____

Please list the names of all siblings, along with date of birth and grade he/she will be in for the 2023-2024 school year. Lastly, indicate yes or no for enrollment at Five Rose Lane.

Sibling's Name:	Birthdate:	Grade:	Enrolling?

Family Information (continued):

What kind of experiences has your child had away from parents (school, daycare, homeschool co-op, play-group, etc.)? _____

Has your child ever experienced discipline challenges in an educational setting? _____

If yes, please explain. _____

Which homeschool accountability association is your child enrolled with? _____

What made you choose Five Rose Lane? How did you hear about us? _____

Health Information:

Describe your child's general health: _____

Has your child had a recent hearing screening? _____ Vision screening? _____

Does your child wear glasses or have any kind of vision issues? _____

Is your child's speech clear and understood? _____

Is your child on any kind of regular medication? _____

Is your child toilet trained? _____ Please note that although occasional accidents are understood, all children must be toilet trained to attend Five Rose Lane. A full change of seasonally appropriate clothing must remain in the child's cubby at all times.

Does your child have any special word for toileting (potty, tinkle, etc.)? _____

Sleep Habits/Routines:

Bedtime: _____ Wake Up Time: _____ Morning Mood: _____

Naps? _____ Frequent Nightmares? _____

Solid Sleeper? _____ Restless Sleeper? _____

Describe your child's bedtime routine. _____

Health Information (continued):

Does your child have any allergies, food sensitivities, and/or food intolerances? _____

Describe your child's appetite by checking all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> always hungry | <input type="checkbox"/> picky eater | <input type="checkbox"/> grazes (snacks throughout the day) |
| <input type="checkbox"/> seldom hungry | <input type="checkbox"/> eats anything | <input type="checkbox"/> only eats at meal times |

Does your child have notable sensitivities or aversions to:

Food/textures: _____ Sounds: _____

Clothing (seams/labels): _____ Smells: _____

Please describe any medical/cognitive/behavioral diagnoses given to your child. (Examples include but not limited to: speech or developmental delays, vision or hearing issues, learning disabilities, medical conditions, behavior issues, etc.)

Has your child had any formal assessments, remediation, or therapies? Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Speech Therapy
Date(s): _____ | <input type="checkbox"/> Occupational Therapy
Date(s): _____ | <input type="checkbox"/> Psychological Counseling
Date(s): _____ |
| <input type="checkbox"/> Psycho-Educational Evaluation
Date(s): _____ | <input type="checkbox"/> Remedial Instruction/Tutoring
Date(s): _____ | <input type="checkbox"/> IEP/504
Date(s): _____ |
| <input type="checkbox"/> Other: _____
Date(s): _____ | | |

Five Rose Lane is not currently equipped to provide for the needs of students with special needs. Does your child have any needs which would require help beyond what you are able to give at home, or which cannot be alleviated through some other independent means (tutoring, therapies, etc.)? If yes, how do you plan to meet those needs?

Academic Skills:

Please understand that at Five Rose Lane, there are no expectations of where a child "should be" academically. It simply helps us to meet the child where they are if we know what they already know.

Reading: (circle all that apply)

My child is a pre-reader.

My child can recognize their first name.

My child knows some letter sounds.

My child can read a few words.

My child can read with help.

My child can read independently.

Writing: (circle all that apply)

My child pretends to write.

My child can write some letters randomly.

My child can write their first name.

My child can write some words by hearing the beginning sound.

My child can write short sentences independently.

My child can write a story with a beginning, a middle, and an ending.

Math: (circle all that apply)

My child knows some shapes.

My child can finish a pattern.

My child can count to:

My child can recognize numbers 0-5.

My child can recognize numbers 0-10.

My child can recognize numbers 0-20.

Non-Academic: (check "yes" or "no")

Yes

No

Is your child able to attend to their toileting needs independently? (wipe without assistance, etc.)

Is your child able to dress themselves?

Is your child able to hold a pencil properly?

Is your child able to sit and listen to a story?

Is your child able to follow basic directions?

Is your child able to work/play independently?

Getting to Know Your Child:

Briefly describe your child: temperament, gender identity, likes/dislikes, learning style, etc. _____

Getting to Know Your Child (continued):

What do you consider to be your child's strongest aptitudes and character traits? _____

What are some areas you think your child needs to work on? _____

If there are siblings in the home, how do they relate to one another? _____

How does your child handle new situations? _____

Describe any fears or anxieties your child has: _____

How does your child handle frustration or anger? _____

How does your child like to be comforted if hurt or upset? _____

Does your child have any special interests or hobbies? Are they enrolled in any activities or programs? How do they like to spend their time? _____

What are your child's favorite inside activities? _____

What are your child's favorite outside activities? _____

What responsibilities does your child have at home? _____

What motivates your child? (praise, rewards, being challenged, competition, etc.) _____

Describe the types of discipline utilized in the home. _____

Getting to Know Your Child (continued):

Does your parenting approach include following your child, encouraging independence, and fostering self-regulation? Are you open to learning more about these concepts? _____

Describe your child's relationship with media/screen time/electronics (computer, tablet, iPad, smart phone, video games, television, etc.). Please include for what purpose, what topics/programs/genres, how long, how often. _____

Please describe your child's ability in each of the following areas:

A. interactions with peers _____

B. interactions with adults _____

C. following simple directions _____

D. coordination (large motor skills) _____

Are there any holidays your family does not celebrate? Are there any holidays your family celebrates in addition to the standard American holidays? _____

Describe your child's rhythm/routine at home (meals, chores, bath, bedtime, etc.). _____

As a homeschool hybrid microschool, our current schedule at Five Rose Lane does not fulfill the South Carolina Department of Education's 180-day requirement. Who will be responsible for the education of your child during the time they are at home? How many hours each day will the responsible party be available?

What do you know about Montessori and/or Waldorf education? _____

What are your expectations of Five Rose Lane? _____

Our Expectations:

The healthy life of any school relies strongly on parents'/guardians' participation in their child's education, but in a homeschool hybrid microschool it is a vital part of the equation. Our program relies on parent volunteers in a variety of ways. Those who work outside the home may choose to help print, laminate, and cut out shelf lessons. Others may choose to come into the classroom and help assist students with lessons or read stories. Someone may decide to sub for one of the teachers, plan field trips, take home work rugs to be washed, or donate snack for the week. The possibilities are limitless! We simply ask that each family commit to a small number of volunteer hours per month. Please note that any in-school volunteers will be required to complete a \$30 background check.

Acceptance and Payment:

One forms have been completed and reviewed, you will receive an email with an invoice for the total registration fees due. Registration fees must be received by the due date on the invoice to reserve your placement.

Please follow the payment instructions on your invoice.

If you have any questions, please feel free to reach out to us anytime at the following email address: fiveroselane@gmail.com

Non-Discrimination Policy:

Five Rose Lane admits students of any race, color, gender identity, sexual preference, religion, or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender identity, sexual preference, religion, or national and ethnic origin in the administration of its educational policies, admissions, and other school-administered programs.

I understand and adhere to the enrollment policy at Five Rose Lane. I have provided full, correct, and accurate information to the best of my ability in this application.

Signature: _____ Date: _____