



CHILD ENROLLMENT FORM



Complete an enrollment form for each child. If enrolling more than one child from the same family/household, complete a separate first page (this side only) for each child.

Today's Date:

(for staff use only) SLI Name:

CHILD INFORMATION

*Child's Last Name: *First: Middle: *Birth Date: Age:

Home Street Address:

City:

*State:

ZIP Code:

*Child's Level:

- Level I (grades K-2)
- Level II (grades 3-5)
- Level III (grades 6-8)
- Level IV (grades 9-12)

T-shirt size:

*Gender Identity:

- Female
- Male
- Non-binary
- Decline to state

Preferred pronoun:

- She
- He
- They
- Other _____

*Child's Race/Ethnicity (check all that apply):

- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Asian
- Black or African-American
- Hispanic/ Latino
- White
- Other _____

*What is your child's Reading Proficiency level?

- Below Grade Level
- At Grade Level
- Above Grade Level

*Please list any languages your child speaks at home.

*Is your child an English Language Learner? (English is not their first language)

- Yes
- No

*Type of school that your child attended this past school year (or current, if After-School):

- Public
- Charter
- Private
- Home
- Other _____

*Grade just completed (or currently in):

*Does your child receive or qualify for free/reduced price lunch at school during the academic school year?

- Yes
- No

*Child's School Name:

*City :

*State:

*Has your child ever attended a CDF Freedom Schools® Summer or After-School program before?

- Yes
- No

If yes, how many years has your child participated in the CDF Freedom Schools program? _____

*Does your child have health insurance?

- Yes
- No

*If yes, what is your child's health insurance carrier?

- Medicaid
- Other _____
- N/A

*Has your child ever qualified for an Individual Educational Plan (IEP) or 504 plan?

- Yes, IEP
- Yes, 504
- No

What are some strategies our team can use to best support your child's learning throughout the program? (ex: needs additional reading help, prefers small groups)

Does your child have any allergies or health conditions of which we should be made aware? If yes, what?

Fields with an asterisk () are required.

CHILD INFORMATION CONTINUED

Is there anything else that you would like to share about your child?

FAMILY INFORMATION

*Last Name of Adult completing this form:

*First:

Middle:

*Relation to Child(ren):

Parent Grandparent Other relative Other (non-relative)

*Is this individual a legal guardian?

Yes No

*Gender Identity:

Female
 Male
 Non-binary
 Decline to state
 Other

*Preferred pronoun:

She
 He
 They
 Other _____

*Home Phone Number:

*Cell Phone Number:

Work Phone Number:

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*Email Address:

Alternate Email Address (if applicable):

*How many people live in your household? _____ *# of children ages 6-18 _____ *# of children 5 and under: _____

Sign-up to receive general email communications from the Children's Defense Fund:

Yes No

EMERGENCY CONTACT INFORMATION

*Contact Person's Last name:

*First

*Middle

*Is this person authorized to pick up the child(ren) you enrolled in the program?

Yes No

*Home Phone Number:

*Cell Phone Number:

*Work Phone Number:

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*Email Address:

Please list other adults who are authorized to pick up the child(ren) you enrolled in the program.

Name:

Relationship:

Cell Phone Number:

1.

2.

In case of an emergency, I give permission for any of the above individuals to be contacted and my child(ren) may be released to any of them.

Parent/Other Adult Caregiver signature: _____ Date: _____

I understand that the organization that is enrolling my child(ren) in the CDF Freedom Schools® program is in partnership with the Children's Defense Fund to offer this program. This personal information will be kept private and confidential and will only be shared with CDF to collect demographic information on children served and to report out this information in aggregate form.

*Parent/Guardian signature: _____ *Date: _____

***Fields with an asterisk (*) are required.**