

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:

SLI Name(for staff use only) :

CHILD INFORMATION

*Child's Last Name:	*First Name:	Middle Initial:	*Birth Date:	Age:
Home Street Address: City: *State: ZIP Code:				
*Child's Level:			T-shirt size:	
Level I (grades K-2) Level II (grades 3-5) Level III (grades 6-8) Level IV (grades 9-12)			*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	
*Gender Identity:				
Female Male				
*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 :				
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 <i>CDF Freedom Schools</i> 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			
Adult completing this form:	*Last Name	*First Name	*Middle Initial
*Relation to Child(ren):	Parent	Grandparent	Other relative Other (non-relative)
*Is this individual a legal guardian?	Yes	No	
*Gender Identity:	Female	Male	
*Home Phone Number:	*Cell Phone Number:		
*Work Phone Number:			
*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		
*Emergency Contact Person's *First Name: *Last Name:	*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:		
*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.		
<i>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 released to any of them.</i> 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.**