



GRACE UNITED COMMUNITY MINISTRIES

CHILDREN'S DEFENSE FUND FREEDOM SCHOOLS® PROGRAM SCHOLAR 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: _____				
CHILD INFORMATION				
Child's Last Name:	First:	Middle:	Birth Date: / /	Age:
Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Decline to state <input type="checkbox"/> Other _____		Preferred pronouns: <input type="checkbox"/> She <input type="checkbox"/> He <input type="checkbox"/> They <input type="checkbox"/> Other _____		Child's Race/Ethnicity (check all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> White <input type="checkbox"/> Other _____
Please list any languages your child speaks at home. _____ _____			Is your child an English Language Learner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of school that your child attended this past school year: <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Home <input type="checkbox"/> Other _____				
Grade just completed:		Does your child receive or qualify for free/reduced price lunch at school during the academic school year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child's School Name:		City:		State:
Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is your child's health insurance carrier? <input type="checkbox"/> Medicaid <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A		
Has your child ever participated in Special Education or had a 504 plan? <input type="checkbox"/> Yes, Special Education <input type="checkbox"/> Yes, 504 <input type="checkbox"/> No				
Has your child ever attended a CDF Freedom Schools® Summer program before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years has your child participated in the <i>CDF Freedom Schools</i> summer program? _____				
What are some strategies our team can use to best support your child's learning throughout the summer? (ex: positive reinforcement, small groups) _____ _____		Does your child have any allergies or health conditions of which we should be made aware? If yes, what? _____ _____		
Is there anything else that you would like to share about your child? _____ _____				

