





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:	
				1	/		
Gender Identity:	Preferred pronouns:		Cł	nild's Race/Ethni	icity (checl	k all that apply):	
Female	☐ She		☐ American Indian or Alaska Native				
☐ Male ☐ Non-binary	☐ He			Native Hawaiiar	n or Pacific	sIslander	
☐ Decline to state	☐ They	ney		☐ Asian			
☐ Other	☐ Other		☐ Black or African-American				
- Other				White			
				Other		_	
Please list any languages your child	neaks at home						
Please list any languages your child speaks at home.			Is your child an English Language Learner?				
			_	DV DN-			
<u> </u>			_	⊒ Yes □ No			
Type of school that your child attended	d this past school yea	ar:					
□ Public □ Charter	☐ Private	□ Ho	me	☐ Othe	er		
Does your child receive or qualify for free/reduced price lunch at school during the academic school year? □ Yes □ No						s 🛭 No	
Child's School Name:	academic sc	niooi yeai :	City	·	State	e.	
Sing. State.							
Does your child have health insurance? If yes, what is your child's h			healt	h insurance carr	ier?		
□ Yes □ No	□ Medicaid	icaid					
Has your child ever participated in Special Education or had a 504 plan?							
☐ Yes, Special Education ☐ Yes	s, 504 🔲 No						
Has your child ever attended a CDF Freedom Schools® Summer program before? If yes, how many years has your child participated in the CDF Freedom Schools summer program?							
What are a read attents along a read and					. , ,	u ee	
What are some strategies our team support your child's learning through (ex: positive reinforcement, small gr	out the summer?	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?							

FAMILY INFORMATION								
Last Name of Adult	completing this form:	F	irst:	Middle:				
Relation to Child(ren):								
☐ Parent	☐ Grandparent	☐ Other relative	☐ Guardian	☐ other				
Gender Identity:	☐ Female ☐ Male ☐ Non-binary ☐ Decline to state ☐ Other		Preferred pronouns	: ☐ She☐ He☐ They☐ Other☐				
Home Phone Numl	per:	Cell Phone Nu	ımber:	Work Phone Number:				
()		()		()				
Email Address: Alternate Email Add	dress (if applicable):							
How many people	live in your household?_	# of c	hildren ages 6-18	# of children 5 and under:				
EMERGENCY CONTACT INFORMATION								
Contact Person's L	ast name: First:	Middle:	le: Is this person authorized to pick up the child(ren) you enrolled in the program?					
Home Phone Numl	per:	Cell Phone Nu	ımber:	Work Phone Number:				
()		()		()				
Email Address:								
Please list other ad	lults who are authorized t	o pick up the child	(ren) you enrolled in the	he program.				
Name:		Relationship:		Cell Phone Number:				
1.								
2.								
3.								
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:								
I understand that Community Action Agency of Greater Kansas City and Grace United Community Ministries is enrolling my child(ren) in the CDF Freedom Schools® program in partnership with the Children's Defense Fund to offer this summer program. This personal information will be kept private and confidential and will only be shared with CDF to collect demographic and reading progress information on children served and to report out this information in aggregate form.								
Parent/Guardian s	signature:		Date:					