



# 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: <input type="checkbox"/> Level I (grades K-2) <input type="checkbox"/> Level II (grades 3-5) <input type="checkbox"/> Level III (grades 6-8) <input type="checkbox"/> Level IV (grades 9-12)			T-shirt size:	
*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 _____	
*What is your child's Reading Proficiency level? <input type="checkbox"/> Below Grade Level <input type="checkbox"/> At Grade Level <input type="checkbox"/> Above Grade Level			*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"/> Hispanic/ Latino <input type="checkbox"/> White <input type="checkbox"/> Other _____	
*Please list any languages your child speaks at home. _____			*Is your child an English Language Learner? (English is not their first language) <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:	
*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? _____				
*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 qualified for an Individual Educational Plan (IEP) or 504 plan? <input type="checkbox"/> Yes, IEP <input type="checkbox"/> Yes, 504 <input type="checkbox"/> No				
What are some strategies our team can use to best support your child's learning throughout the summer? (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 pronouns:

She

He

They

Other \_\_\_\_\_

\*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: \_\_\_\_\_

**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:

( )

\*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.

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: \_\_\_\_\_ 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 summer 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: \_\_\_\_\_