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: | |  |  |  | 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): | | | | |
| \*Gender Identity: | | Preferred pronouns: | |  | * American Indian or Alaska Native * Native Hawaiian or Pacific Islander * Asian * Black or African-American * Hispanic/ Latino * White * Other | | | | |
| * Female |  | * She |  |  |
| * Male |  | * He |  |  |
| * Non-binary | | * They |  |  |
| * Decline to state | |  |  |  |
| * Other | | * 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: | | | | | | | | | |
| * Public |  | * Charter | * Private | * Home | | * Other | | | |
| \*Grade just completed: | | | \*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 program before? | | | | | | | | | |
| * Yes | * No | If yes, how many years has your child participated in the *CDF Freedom Schools*  summer 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 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? | | | | | |
|  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: |  |  |  |  | \*Preferred pronouns: | | * She * He * They * Other | |
| * Female |  |  |  |  |  | |
| * Male |  |  |  |  |  | |
| * Non-binary |  |  |  |  |  | |
| * Decline to state * 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: | | | | | | | | |
| Permission Form for Photo/ Video/ Filming The Roberts Family Development Center takes photographs and film of its participants and uses the images for publicity on the centers website, Facebook, newsletter, and other forms of social media and outreach. Roberts Family Development Center does not compensate children or families for the use of the images/ film.  Please choose one of the following options and sign below.  I authorize and give permission for the Roberts Family Development Center to photograph and video tape or film my child(ren) and I as long as my child(ren) participate in the program for the purpose of marketing and outreach.    I DO NOT authorize and give permission for the Roberts Family Development Center to photograph and video tape or film my child(ren) and I as long as my child(ren) participate in the program for the purpose of marketing and outreach.  Parent Signature/ Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fieldtrip Permission I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in all of the fieldtrips that are coordinated by the After-school Program/CDF Summer Program from the Roberts Family Development Center In case of emergency I authorize my child to receive medical treatment. I understand that I will be notified in advance regarding any fieldtrip that my child is invited to attend.  Parent Signature/ Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT COMMITMENT AND PLEDGE: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, promise to make a positive contribution to the Roberts Family Development Center. I promise to take necessary actions that will ensure my child’s success in school and in life. My household will commit to making my child’s school academic career a priority. I will also participate in the following while my child attends the Roberts Family Development Center after-school program/CDF summer program.   * If required, I will make a monthly monetary contribution to the Roberts Family Development Center. I promise to take necessary actions that will ensure my child’s success in school an in life. My household will commit to making my child’s school academic career a priority. I will also participate in the following while my child attends the Roberts Family Development Center after-school/ CDF Summer Program. * I will attend ALL monthly parent meetings. * I will attend all assigned volunteer field trips that I have signed and agreed to attend. * I will attend as many extracurricular activities/ events as possible with my child. * I will make sure my child attends the after-school/CDF Summer Program on a daily basis.   Parent Signature/ Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REQUEST FOR RELEASE OF INFORMATIONStudent Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Student Name Grade Counselor/Para Teacher School  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of the above student, authorize staff members of the Roberts Family Development Center to…   * View my child’s academic records for the purpose of monitoring and supporting his/her academic progress, including IEP and 504 documents. * Obtain my child’s grades and test scores. * Gain access to my child’s School Loop information from the school office e to help better assist my child academically. * Meet and serve as an advocate/ representative/ liaison with my child’s teachers, counselor and or other school personnel to obtain information regarding my son/daughter’s progress and/ or challenges in school.   Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Roberts Family Development Center  770 Darina Avenue  Sacramento, CA 95815  (916) 646-66331 Main | | | | | | | | |