



# 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 _____			*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 _____	
Preferred pronoun: <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				
*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 (or current, if After-School): <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Home <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Child's School Name:		*City :	*State:	
*Has your child ever attended a CDF Freedom Schools® Summer or After-School 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> 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 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**

\*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 pronoun:

- 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: \_\_\_\_\_

Sign-up to receive general email communications from the Children's Defense Fund:

- Yes       No

**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.

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