

Children's Defense Fund Freedom Schools® Program
2014 Child Enrollment Form
(Please complete one form for each child.)



INSTRUCTIONS: Please complete one form for each child enrolled in the *CDF Freedom Schools* program. If requested information is non-applicable, mark N/A. If requested information is unavailable or unknown at this time, mark U/A.

Today's Date (MM/DD/YEAR): _____/_____/_____

Parent/Guardian's Name (Last, First, MI): _____

Relationship to Child:

- Father
- Mother
- Legal Guardian
- Foster Parent
- Grandparent
- Other _____

Does this child currently live with you?

- Yes
- No

What is your child's residential address?

Street: _____ City: _____ State: _____ Zip Code: _____

Child's Demographic Information

1. Child's Last Name: _____

Child's First Name: _____

Child's Middle Name: _____

2. Child's Preferred Name or Nickname: _____

3. Child's Date of Birth (MM/DD/YEAR): _____/_____/_____

4. **Child's Gender:**

- Male
- Female

5. **What is your child's primary/native language (language spoken at home)?**

6. **Child's Race/Ethnicity (check one only):**

- African American/Black, non-Latino
- Native American/Indian or Alaska Native
- Asian American
- Native Hawaiian or Pacific Islander
- Latino/Hispanic
- European American/White, non-Latino
- Mixed Heritage
- Other _____

7. **Does your child have any siblings?**

- Yes If yes, how many? _____
- No

8. **Does this child have a sibling(s) who currently participates, or has participated in the CDF Freedom Schools program?**

- Yes
- No

9. **What other academic enrichment or extra-curricular activities does your child participate in during the summer or academic school year (e.g. organized sports, music or dance lessons, academic tutoring, clubs, etc.)?**

11. **What type of school does your child attend?**

- Public
- Charter School
- Faith-based
- Private
- Home School
- Other _____

12. **What is the name and address of the school your child attends during the academic school year?**

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

13. What grade was your child enrolled in during the most recent school year?

- | | | |
|--------------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> K | <input type="checkbox"/> 5 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | |

14. Has your child been in foster care at any point in his or her life?

- Yes
 No

Child's Academic Information

15. Does your child participate in any of the following educational programs (check all that apply)?

- Bilingual Education
 ESL/LEP
 Special Education
 Gifted and Talented
 Other _____
-

16. Has a doctor, health professional, teacher, or school official ever informed you that your child has a learning disability?

- Yes
 No

If yes, please explain:

17. Has your child ever repeated a grade?

- Yes
 No
 Unknown

18. Has your child ever attended a *CDF Freedom Schools* summer program before?

- Yes
 No

If yes, how many summers has your child participated in the *CDF Freedom Schools* program (NOT including the current summer)?

19. **What Integrated Reading Curriculum (IRC) level will your child be enrolled in this summer (use grade level from most recent academic school year)?**

- Level I (Grades K-2)
- Level II (Grades 3-5)
- Level III (Grades 6-8)
- Level IV (Grades 9-12)

20. **What is your child's reading proficiency level?**

- Above Grade Level
- At Grade Level
- Below Grade Level
- Non-applicable
- Unknown

Child's Medical Information

21. **Does your child have health insurance?**

- Yes
- No

If yes, please list complete the information requested below:

Health Insurance Carrier:

Name of Policy Holder:

Identification Number:

Group Number:

Please explain any special procedures that should be followed in the event that your child has a medical emergency:

22. **Has a doctor or health professional ever informed you that your child has any of the following medical conditions or disabilities?**

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Depression or anxiety problems |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Behavior or conduct problems |
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Bone, joint, or muscle problems |
| <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Autism |
| | <input type="checkbox"/> Obesity |

Any developmental delay or physical impairment (please describe below)

23. **Does your child have any known medical conditions or disabilities that do not appear in the list above? If so, please describe in the space below.**

24. **Does your child have any dietary, allergenic, or exercise restrictions? If so, please describe in the space below.**

25. **Does your child currently need or use medication prescribed by a doctor?**

- Yes
 No

If yes, please list medication(s):

26. **Is your child limited or prevented in any way from participating in moderate to strenuous physical activity?**

- Yes
 No

If yes, please explain:

27. **Has your child been to a doctor within the past 12 months?**
 Yes
 No
 Unknown
28. **During the past 12 months, have you been told by a doctor or other health professional that your child has or had any of the following conditions?**
 Hay fever or any kind of respiratory allergy
 Any kind of food or digestive allergy
 Eczema or any kind of skin allergy
 Frequent or severe headaches (including migraines)
 Speech problems (stuttering or stammering)
 Three or more ear infections
 Other _____
29. **Has your child been to a dentist within the past 12 months?**
 Yes
 No
 Unknown
30. **Has your child been to an optometrist within the past 12 months?**
 Yes
 No
 Unknown
31. **If there is anything else that you would like to share about your child, please indicate here.**

THIS SECTION IS FOR STAFF USE ONLY

Today's Date: _____ / _____ / _____

Name of CDF Freedom Schools program Sponsor Organization:

Name of CDF Freedom Schools program Site:

CDF Freedom Schools program Site Address:

City: _____ **State:** _____ **Zip Code:** _____

CDF Freedom Schools program Site Phone Number: (____) _____ - _____