

# 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:		
<b>CHILD INFORMATION</b>				
*Child's First Name:	Middle:	*Last:	*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 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			*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 for the 2024-2025 school year: <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Home <input type="checkbox"/> Other				
*Grade in the 2024-2025 school year:		*Does your child receive or qualify for free/reduced price lunch at school during the academic 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? Choose 1 (one). <input type="checkbox"/> IEP <input type="checkbox"/> 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 you would like to share about your child?

---

---

**FAMILY INFORMATION** \*Enter the name of 1 (one) person in this section

\*First Name of Adult completing this form: Middle Initial: \*Last Name: Suffix:

\*Relationship to Child(ren):

☐ Parent ☐ Grandparent ☐ Other relative ☐ Other (non-relative)

\*Is this person the child(ren)'s legal guardian? ☐ Yes ☐ No

\*Gender Identity:

☐ Female  
☐ Male  
☐ Non-binary  
☐ Decline to state  
☐ Other

\*Preferred pronoun:

☐ She  
☐ He  
☐ They  
☐ Other

\*Home Phone:

( )

\*Mobile Phone:

( )

Work Phone:

( )

\*Personal Email Address:

\*How many people live in the household? \_\_\_\_\_ \*# of children aged 6-18 \_\_\_\_\_ \*# of children 5 and under: \_\_\_\_\_

Sign up to receive general email communications from Children's Defense Fund: ☐ Yes ☐ No

**EMERGENCY CONTACT INFORMATION**

\*Contact Person's First name:

\*Last:

\*Middle

\*Is this person authorized to pick up the child(ren) you enrolled in the program?

☐ Yes ☐ No

\*Home Phone Number:

( )

\*Mobile 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:

Mobile 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: \_\_\_\_\_

**\*Fields with an asterisk (\*) are required.**

If you elected to receive CDF emails, note that we may use the information you provide to us on this form to communicate further with you (including to send you promotional materials about the Children's Defense Fund). For more information about how we collect, use, and share information, please see the Privacy Policy on our website [www.childrensdefense.org](http://www.childrensdefense.org).