

2016 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 this child have a sibling(s) who currently participates, or has participated in the CDF *Freedom Schools* program?

- Yes
- No

8. 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.)?

9. Does your child receive or qualify for free/reduced price lunch at school during the academic school year?

- Yes
- No

10. What type of school does your child attend?

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

11. What is the name and location of the school your child attends during the academic school year?

Name: _____

City: _____ State: _____

12. What grade was your child enrolled in during the most **recent** school year (2015-16)?

- | | | |
|----------------------------|----------------------------|-----------------------------|
| <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 | |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 | |

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

- Yes

No

Child's Academic Information

14. 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 _____
-
-

15. 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:

16. Has your child ever repeated a grade?

- Yes
- No
- Unknown

17. 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)?

18. What is your child's reading proficiency level?

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

Child's Medical Information

19. Does your child have health insurance?

- Yes
- No

If yes, please list complete the information requested below:

Health Insurance Carrier: _____

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

20. 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"/> Bone, joint, or muscle problems |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Allergies (allergic reactions) |
| <input type="checkbox"/> Depression or anxiety problems | <input type="checkbox"/> Other medical restrictions/disability |
| <input type="checkbox"/> Behavior or conduct problems | |
| <input type="checkbox"/> Any developmental delay or physical impairment (please describe below) | |

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

- Yes
- No

If yes, please list medication(s):

22. 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:** (____) _____ - _____