

**CHILDREN'S DEFENSE FUND FREEDOM SCHOOLS® PROGRAM
CHILD ENROLLMENT FORM**



Registration fee: \$25 Please make checks out to Trinity UMC Registration is not complete until registration fee has been paid.

(Please print. Complete an enrollment form for each child. If enrolling more than one child from the same family/household, complete this page only for additional children)

Today's Date:		Site (circle one): South (current K-6TH)		Bradfield Center (current 5th-8th)	
CHILD INFORMATION					
Child's Last Name:		First:	Middle:	Birth Date:	Age: Sex:
				/ /	<input type="checkbox"/> M <input type="checkbox"/> F
Child's Race/Ethnicity (check one only):					
<input type="checkbox"/> African American/Black, non-Latino		<input type="checkbox"/> Latino/Hispanic		<input type="checkbox"/> European American/White, non-Latino	
<input type="checkbox"/> Native American/Indian or Alaska Native		<input type="checkbox"/> Asian American		<input type="checkbox"/> Mixed Heritage	
<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> other _____			
What is your child's primary/native language (language spoken at home)?					
Type of school that your child attended this past school year:					
<input type="checkbox"/> Public School		<input type="checkbox"/> Charter School		<input type="checkbox"/> Private	
		<input type="checkbox"/> Home School		<input type="checkbox"/> Other_____	
Grade just completed:		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 a doctor, health professional, teacher, or school official ever informed you that your child has a learning disability?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child participate in any of the following educational programs (check all that apply)?					
<input type="checkbox"/> Bilingual Education		<input type="checkbox"/> ESL/LEP		<input type="checkbox"/> Special Education	
		<input type="checkbox"/> Gifted and Talented		<input type="checkbox"/> Other _____	
Has your child been in foster care at any point in his or her life?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Has your child ever attended a CDF Freedom Schools® Summer 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> summer 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? _____ If no, may we connect you to health insurance options? _____			
Does your child have allergies?			Does your child need or use medication prescribed by a doctor?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list all allergies		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				If yes, list all medications	
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"/> Hearing problems		<input type="checkbox"/> Vision problems	
				<input type="checkbox"/> Behavior or conduct problems	
<input type="checkbox"/> Attention Deficit Disorder (ADD)		<input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD)		<input type="checkbox"/> Autism	
				<input type="checkbox"/> Depression or anxiety problems	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Obesity		<input type="checkbox"/> Bone, joint, or muscle problems	
				<input type="checkbox"/> Developmental delay or physical impairment	
If there is anything else that you would like to share about your child, please indicate here.					

(Please Print. This page must be completed by an adult who resides in the same household with child(ren).)

FAMILY INFORMATION			
Last Name:	First:	Middle:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Relation to Child(ren): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> other _____			
Your Race/Ethnicity (check one only): <input type="checkbox"/> African American/Black, non-Latino <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> European American/White, non-Latino <input type="checkbox"/> Native American/Indian or Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> Mixed Heritage <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> other _____			
Home Street Address:		City:	State: ZIP Code:
Home Phone Number: ()	Cell Phone Number: ()	Work Phone Number: ()	
Email Address:			
What is your household size? _____		# of children (persons under age 18) _____	
What is your annual household income? Note. Household income information is confidential and will NOT be shared with third parties. The Children's Defense Fund requests this information in order to better serve and assess the needs of our <i>CDF Freedom Schools</i> program participants.			
<input type="checkbox"/> \$0 – 20,000	<input type="checkbox"/> \$20,001 – 30,000	<input type="checkbox"/> \$30,001 – 45,000	<input type="checkbox"/> \$45,001 – 60,000
<input type="checkbox"/> \$60,001 – 65,000	<input type="checkbox"/> \$65,001 – 80,000	<input type="checkbox"/> \$80,001 +	
EMERGENCY CONTACT INFORMATION			
The person to be notified in an emergency when parents / guardians cannot be reached.			
Contact Person's Last name:	First:	Is this person authorized to pick up the child(ren) you enrolled in the program? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	Mobile Phone #:	
1.			
2.			
3.			
In case of an emergency, I give permission for any of the following individuals to be contacted and my child(ren) may be released to any of them.			
Parent/Guardian 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 and will share information collected from this enrollment form with the Children's Defense Fund.			
Parent/Guardian signature: _____		Date: _____	