



## CHILDREN'S DEFENSE FUND FREEDOM SCHOOLS® PROGRAM 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: _____					
<b>CHILD INFORMATION</b>					
Child's Last Name:		First:	Middle:	Birth Date: / /	Age:
Home Street Address: _____					
City:		State:	ZIP Code:		
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 pronouns: <input type="checkbox"/> She <input type="checkbox"/> He <input type="checkbox"/> They <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 _____	
Please list any languages your child speaks at home. _____ _____			Is your child an English Language Learner? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of school that your child attended this past school year: <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Home <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:		
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 participated in Special Education or had a 504 plan? <input type="checkbox"/> Yes, Special Education <input type="checkbox"/> Yes, 504 <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? _____					
What are some strategies our team can use to best support your child's learning throughout the summer? (ex: positive reinforcement, small groups) _____ _____		Does your child have any allergies or health conditions of which we should be made aware? If yes, what? _____ _____			

**Return to: Trinity United Methodist Church, 301 W. Market St., Lima, OH 45801**

**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       Guardian       other \_\_\_\_\_

Gender Identity:       Female      Preferred pronouns:       She  
 Male       He  
 Non-binary       They  
 Decline to state       Other \_\_\_\_\_  
 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: \_\_\_\_\_

**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.		
3.		

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

*\$ 20.00 per family registration fee.*