

Children's Defense Fund Freedom Schools® 2010 Child Enrollment Form

(Please complete one form for each child.)



Name of Site _____

Today's Date _____

Your Name _____

Relationship to this Child

- Parent Legal Guardian Foster Parent
 Grandparent/other relative

Child's Name _____

Child's Date of Birth ____/____/____

Is this child living with you? Yes No

Race/Ethnicity

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

Type of school

- Public
 Charter School
 Faith-based
 Private

Do any of the children receive free/reduced price lunch at school during the school year?

- Yes
 No

Was the child in special education during the 2009-2010 school year?

- Yes
 No

How many people live in your household?

Has the child ever repeated a grade?

- Yes
 No

How many children live in your household?

Has the child attended a CDF Freedom Schools® program before?

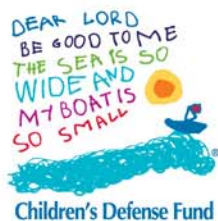
- Yes
 No

Household annual income

\$ _____

Name of school

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



Please list other adults authorized to pick up your children:

Name	Relationship	Phone Number
1. _____	_____	(____) ____ - _____
2. _____	_____	(____) ____ - _____
3. _____	_____	(____) ____ - _____

Preferred Name or Nickname _____ **Gender** Male Female

Emergency contact (if parent or guardian cannot be reached):

Name _____ **Relationship to child** _____

Home phone (____) ____ - _____ **Work phone** (____) ____ - _____

Cell phone (____) ____ - _____

Parent/Guardian's Name _____ **Relationship to child:** _____

Number and Street

City _____ State _____ Zip Code _____

Occupation _____ Highest grade completed or degree earned _____

Home phone (____) ____ - _____ **Work phone** (____) ____ - _____

Cell phone (____) ____ - _____ **Email** _____

Does the child live with this parent or guardian? Yes No

Parent/Guardian's Name _____ **Relationship to child:** _____

Number and Street

City _____ State _____ Zip Code _____

Occupation _____ Highest grade completed or degree earned _____

Home phone (____) ____ - _____ **Work phone** (____) ____ - _____

Cell Phone (____) ____ - _____ **Email** _____

Does the child live with this parent or guardian? Yes No

Medical Information

Has a doctor or health professional ever told you that this child has any of the following conditions?

- Asthma
- Hearing problems
- Vision problems
- Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, that is ADD or ADHD
- Depression or anxiety problems
- Behavior or conduct problems
- Bone, joint, or muscle problems
- Diabetes
- Autism
- Any developmental delay or physical impairment
- None

During the past 12 months, have you been told by a doctor or other health professional that this child 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
- Stuttering, stammering, or other speech problems
- Three or more ear infections
- None

Please list any allergies:

Does this child currently need or use medicine prescribed by a doctor?

- Yes No

Please list the medication(s):

Is this child limited or prevented in any way in his/her ability to do the things most children of the same age can do?

Yes No

If yes, please explain:

Has a doctor, health professional, teacher, or school official ever told you that this child has a learning disability?

Yes No

If yes, please explain:

Has this child been to the doctor for any reason in the last 12 months? Yes No

Has this child been to the dentist in the last 12 months? Yes No

Please provide the following information:

Does this child have health insurance? Yes No

If yes, complete the information below.

Health insurance carrier _____ Name of policy holder _____

Identification number _____ Group number _____

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

How did you hear about this program?

What other enrichment or extra-curricular activities does your child participate in during the year (for example, organized sports, music or dance lessons, academic tutoring, clubs or organizations)?
