

# CHILDREN'S DEFENSE FUND FREEDOM SCHOOLS®

## CHILD ENROLLMENT FORM 2008

(Please complete one form for each child)



Name of Site: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Preferred Name or Nickname \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Male  Female

### Race/Ethnicity

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

### Type of school

- Public
- Charter School
- Faith-based
- Private

2007-2008 Grade Level \_\_\_\_\_

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

- Yes
- No

Has this child ever repeated a grade?

- Yes
- No

How many people live in your household? \_\_\_\_\_

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

- Yes
- No

How many children live in your household? \_\_\_\_\_

Household Annual Income: \$ \_\_\_\_\_

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

Name of school \_\_\_\_\_

Your Name : \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Please list other adults authorize to pick up your children:

Name	Relationship	Phone Number
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1.

2.

3.

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 Hyperactive 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:**

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

Yes  No

**Please list the medication(s):**

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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:

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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:

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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:

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How did you hear about this program?

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

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**PARENT/GUARDIAN CONSENT FORM**

I, \_\_\_\_\_ (Parent/Guardian's Name), give permission to the Children's Defense Fund ("CDF") and its designees to collect and record data on my child(ren), \_\_\_\_\_ (Child's or Children's Names). This data gathering may include, but is not restricted to the following:

- Surveys and/or interviews about his/her/their knowledge, attitudes, skills, and behaviors in regard to his/her/their academic development such as motivation to read; nonacademic development such as leadership and conflict resolution skills; and, overall satisfaction with the *CDF Freedom Schools* program.
- Academic assessments and school data from report cards. These will be collected minimally twice: either shortly before the program begins, during the program, or shortly after the program ends.

I understand that the purposes of these surveys and interviews are to document the impact of the *CDF Freedom Schools* on its participants, and to identify areas for improvement. I also understand that this information will remain private, and that only my child(ren)'s site director(s) and research assistants approved by the Children's Defense Fund will be able to look at his/her responses.

I also understand that my child(ren)'s responses will be automatically grouped together with the responses of other *CDF Freedom Schools* sites for any public presentations of findings, and that my child(ren) will not be individually linked to his/her/their responses. In addition, I understand I can take back my permission any time.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHILDREN'S DEFENSE FUND MEDIA RELEASE FORM**

I hereby authorize and irrevocably grant to the Children's Defense Fund and its affiliates, licensees, agents and assigns, the unrestricted right to use and publish any part of the information that I have given to CDF and the right to record my name, voice, appearance, likeness, and comments on film, videotape, audiotape, still photographs, print, and any other media now known or hereafter invented. I acknowledge that CDF shall own all right, title and interest in and to this media. I further agree that CDF may cause all or parts of this media to be used for any and all publications, exhibitions, public displays, editorials, advertising or other purposes.

I waive any inspection or approval of the media or any advertising or publicity in which my name, voice, appearance, likeness narrative, or comments might appear. I expressly release and agree to hold harmless CDF and its agents, employees, licensees and assigns from and against any and all claims including, but not limited to, invasion of privacy, that I might ever have in any way relating to my interview or its use.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT CLOSING STATEMENT**

I hereby certify that the statements in this application are correct and true. I understand that my child(ren)'s enrollment as a *CDF Freedom Schools* student is based, in part, on the information provided within this application and my agreeing to the terms as outlined in writing by the Children's Defense Fund. I authorize the local program sponsor to furnish a copy of this form to the Children's Defense Fund for use in any demographic/longitudinal evaluations that may be developed to strengthen the *CDF Freedom Schools* program nationally.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_