



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:				
CHILD INFORMATION				
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 _____		
Please list any languages your child speaks at home. _____ _____		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 _____		
		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? _____ _____		

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

☐ Male

☐ Non-binary

☐ Decline to state

☐ Other _____

Preferred pronouns:

☐ She

☐ He

☐ They

☐ Other _____

Home Phone Number:

Cell Phone Number:

Work Phone Number:

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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:

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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: _____

Children's Defense Fund Freedom Schools® Program

Parent/Guardian Commitment Form



Roles, Responsibilities and Commitments for Parents, Guardians and Families

I, _____, understand that the *Children's Defense Fund Freedom Schools* program sponsored by _____ uses models, curriculum, and training provided by the Children's Defense Fund (CDF). CDF seeks to ensure every child a **Healthy Start**, a **Head Start**, a **Fair Start**, a **Safe Start** and a **Moral Start** in life and successful passage to adulthood with the help of caring families and communities. I understand that a key goal of the CDF Freedom Schools® program is to involve parents in the life of the program as active participants in the learning experiences of their children.

Because children **do what we do and not what we say**, I understand that all adults, including parents, guardians, and adult family members of children enrolled in the *CDF Freedom Schools* program, are expected to be **positive** role models, to communicate the importance of academic achievement, and to contribute to the creation of a caring and nurturing learning environment in which **every** child is valued and seen as capable of achieving.

I agree that during the time my child(ren) is enrolled in the *CDF Freedom Schools* program, **I will**:

- Volunteer in the school at least once a week;
- Participate in weekly parent workshops;
- Do my part to help make the *CDF Freedom Schools* program a caring and nurturing learning environment; and
- Ensure that my child(ren) is/are in attendance on a daily basis.

Signature of Parent

Date

Signature of Site Coordinator

Date

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* program 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 at 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 (CDF) 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 _____