

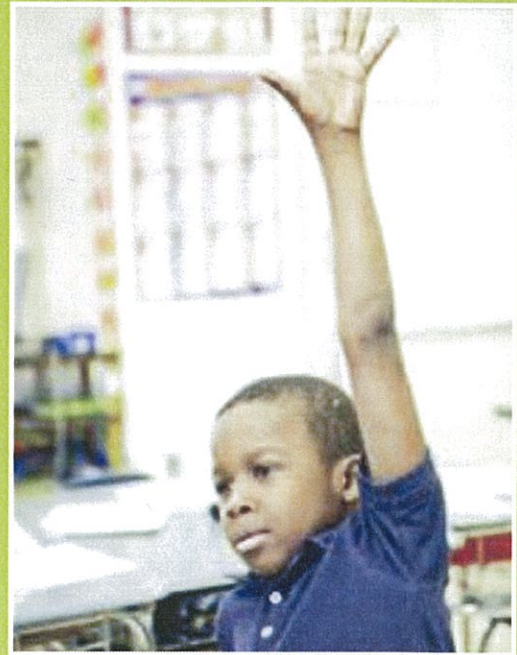
CDF Freedom Schools®



# Summer Enrichment Experience @ The Tabor

**Summer literacy enrichment that boosts student motivation to read, learn and achieve while connecting families to rich community resources**

- Cost is **FREE**
- **Breakfast, lunch, and snack served daily**
- **Weekly field trips and community service**
- **Integrated Reading Curriculum** promotes cooperative learning, critical thinking, and nonviolent conflict resolution.
- Each scholar receives **6 free books** to build home library
- **Weekly Parent Workshops**



**Enrollment begins March 30, 2015**

**When:** June 15 through July 23, 2015

**Where:** 2513 S. Edgewood Terrace, Fort Worth, TX 76105

**Time:** 8am - 3pm

**Who:** Students currently in grades 5-7 for the 2014-15 school year

For more information, contact 817.534.6943



A program of Fort Worth Human Services



Children's Defense Fund Freedom Schools® Program

2015 Child Enrollment Form

(Please complete one form for each child.)



INSTRUCTIONS: Please complete one form for each child enrolled in the CDF Freedom Schools program. If requested information is non-applicable, mark N/A. If requested information is unavailable or unknown at this time, mark U/A.

Today's Date (MM/DD/YEAR): \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian's Name (Last, First, MI): \_\_\_\_\_

Relationship to Child:

- Father
- Mother
- Legal Guardian
- Foster Parent
- Grandparent
- Other \_\_\_\_\_

Does this child currently live with you?

- Yes
- No

What is your child's residential address?

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child's Demographic Information

1. Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Child's Middle Name: \_\_\_\_\_

2. Child's Preferred Name or Nickname: \_\_\_\_\_

3. Child's Date of Birth (MM/DD/YEAR): \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Child's Gender:

- Male

Female

5. What is your child's primary/native language (language spoken at home)?

\_\_\_\_\_

6. Child's Race/Ethnicity (Check One Only):

- African American/Black, non-Latino
- Native American/Indian or Alaska Native
- Asian American
- Native Hawaiian or Pacific Islander
- Latino/Hispanic
- European American/White, non-Latino
- Mixed Heritage
- Other \_\_\_\_\_

7. Does this child have a sibling(s) who currently participates, or has participated in the CDF *Freedom Schools* program?

- Yes
- No

8. What other academic enrichment or extra-curricular activities does your child participate in during the summer or academic school year (e.g. organized sports, music or dance lessons, academic tutoring, clubs, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

9. Does your child receive or qualify for free/reduced price lunch at school during the academic school year?

- Yes
- No

10. What type of school does your child attend?

- Public
- Charter School
- Faith-based
- Private
- Home School
- Other \_\_\_\_\_

11. What is the name and location of the school your child attends during the academic school year?

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

City: \_\_\_\_\_ State: \_\_\_\_\_

12. What grade was your child enrolled in during the most recent school year (2014-15)?

- |                            |                            |                             |
|----------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> K | <input type="checkbox"/> 5 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 |                             |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |                             |

13. Has your child been in foster care at any point in his or her life?

- Yes
- No

### Child's Academic Information

14. Does your child participate in any of the following educational programs (check all that apply)?

- Bilingual Education
- ESL/LEP
- Special Education
- Gifted and Talented
- Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Has a doctor, health professional, teacher, or school official ever informed you that your child has a learning disability?

- Yes
- No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Has your child ever repeated a grade?

- Yes
- No
- Unknown

17. Has your child ever attended a *CDF Freedom Schools* summer program before?

- Yes
- No

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

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18. What is your child's reading proficiency level?

- Above Grade Level
- At Grade Level
- Below Grade Level
- Non-applicable
- Unknown

### Child's Medical Information

19. Does your child have health insurance?

- Yes
- No

If yes, please list complete the information requested below:

Health Insurance Carrier: \_\_\_\_\_

Please explain any special procedures that should followed in the event that your child has a medical emergency:

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20. 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"/> Bone, joint, or muscle problems       |
| <input type="checkbox"/> Hearing problems                                | <input type="checkbox"/> Diabetes                              |
| <input type="checkbox"/> Vision problems                                 | <input type="checkbox"/> Autism                                |
| <input type="checkbox"/> Attention Deficit Disorder (ADD)                | <input type="checkbox"/> Obesity                               |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Allergies (allergic reactions)        |
| <input type="checkbox"/> Depression or anxiety problems                  | <input type="checkbox"/> Other medical restrictions/disability |

Behavior or conduct problems

Any developmental delay or physical impairment (please describe below)

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21. Does your child currently need or use medication prescribed by a doctor?

Yes

No

If yes, please list medication(s):

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22. If there is anything else that you would like to share about your child, please indicate here.

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**THIS SECTION IS FOR STAFF USE ONLY**

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of *CDF Freedom Schools* program Sponsor Organization:

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Name of *CDF Freedom Schools* program Site:

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*CDF Freedom Schools* program Site Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*CDF Freedom Schools* program Site Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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## Children's Defense Fund Freedom Schools®

All CDF Freedom Schools® program sites are required to submit the information on this form to the *CDF Freedom Schools* national office using the CDF Student Information System (SIS). To access SIS, (1) visit the *CDF Freedom Schools* program website ([www.freedomschools.org](http://www.freedomschools.org)), (2) click the link labeled "Resources for Sponsor Organizations" and (3) enter the assigned username and password.

### Required Parent Information Form

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**INSTRUCTIONS:** Please complete one form for each parent enrolled in your program. If requested information is non-applicable, mark N/A. If requested information is unavailable or unknown at this time, mark U/A.

Today's Date (MM/DD/YEAR): \_\_\_\_/\_\_\_\_/\_\_\_\_ (Summer)

1. Please indicate the first name, middle name, last name, and date of birth for each of your enrolled children:

Child 1: First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child 2: First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child 3: First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child 4: First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If necessary, please attach additional sheet for more children.

2. Your First Name: \_\_\_\_\_

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

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

Your date of birth (MM/DD/YEAR): \_\_\_\_/\_\_\_\_/\_\_\_\_

3. What is your gender?

- Male
- Female

4. What is your race/ethnicity?

- African American/Black, non-Latino
- Native American/Indian or Alaska Native
- Asian American
- Native Hawaiian or Pacific Islander
- Latino/Hispanic
- European American/White, non-Latino
- Mixed Heritage
- Other \_\_\_\_\_

5. What is your primary or native language?

\_\_\_\_\_

6. What is the highest level of education you have completed?

- Elementary School
- Some High School
- High School Diploma
- Trade or Vocational School
- Associates Degree
- Some College
- Bachelors Degree
- Some Graduate School
- Masters Degree
- Doctorate Degree
- Professional Degree
- Non-applicable

7. What is your residential address?

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

8. What is your mailing address?

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Same as residential address

9. What is your phone number(s) and email address?

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

10. How did you find out about the *CDF Freedom Schools* program?

- Internet or email correspondence
- Personal contact or relationship
- Mailing
- Event advertising
- Research
- School or educational institution
- Child or youth services agency/program
- Work
- Other \_\_\_\_\_

## Family Demographic Information

11. How many people currently reside in your household? \_\_\_\_\_

12. How many children (persons under age 18) currently reside in your household? \_\_\_\_\_

13. What is your annual household income? (Please select from the list below)

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 *CDF Freedom Schools* program participants.

- \$0 – 20,000
- \$20,001 – 30,000
- \$30,001 – 45,000
- \$45,001 – 60,000
- \$60,001 – 65,000
- \$65,001 – 80,000
- \$80,001 +

### Parent's Employment Information

14. What is your current employment status?

- Full-time
- Part-time
- Self-employed
- Retired
- Unemployed
- Non-applicable

15. What is the name of your primary employer?

\_\_\_\_\_

\_\_\_\_\_

16. What is your primary profession/occupation?

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contact Information

17. Emergency contact's last name: \_\_\_\_\_

18. Emergency contact's first name: \_\_\_\_\_

19. Emergency contact's relationship to you:

- Partner/Spouse/Significant Other
- Child
- Sibling
- Mother
- Father
- Relative
- Friend
- Neighbor
- Co-worker
- Other \_\_\_\_\_

20. Emergency Contact 1: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

21. Please list other adults who are authorized to pick up your child.

Name:	Relationship:	Mobile Phone #:
1. _____	_____	2. _____
_____	3. _____	4. _____
_____	_____	5. _____
_____	_____	_____

22. Would you be willing to provide feedback regarding your child's *CDF Freedom Schools* experience?

- Yes

No

**THIS SECTION IS FOR STAFF USE ONLY**

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of *CDF Freedom Schools* program **Sponsor Organization**:

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Name of *CDF Freedom Schools* program **Site**:

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*CDF Freedom Schools* program **Site Address**:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*CDF Freedom Schools* program **Site Phone Number**: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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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 Childrens 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 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 \_\_\_\_\_

