

PLEASE NOTE: COMPLETION OF THIS APPLICATION DOES NOT ENSURE YOUR CHILD'S ENROLLMENT IN FREEDOM SCHOOL. YOU MUST ATTEND PARENT ORIENTATION IN ORDER FOR YOUR CHILD TO BE ENROLLED IN FREEDOM SCHOOL. (No Exceptions!!!!!!)

Scholar's Name: _____

Kansas City - CDF Freedom Schools® Initiative



Scholar Application/Enrollment Form 2009

Check Enrollment Site

- | | |
|--|--|
| <input type="checkbox"/> Bethel-House of Prayer
2247 E. Gregory Blvd., KCMO 64132 | <input type="checkbox"/> Centennial UMC
1834 Woodland, KCMO 64108 |
| <input type="checkbox"/> Central States Conference SDA
3301 Parallel Pkwy, KCKs 66104 | <input type="checkbox"/> Christian Fellowship Baptist
4509 Troost, KCMO 64110 |
| <input type="checkbox"/> Grace United Ministries
801 Benton Blvd., KCMO 64124 | <input type="checkbox"/> Jamison Memorial CME
3115 Linwood Blvd., KCMO 64128 |
| <input type="checkbox"/> Kansas City Community
5901 Leavenworth Rd., KCKS 66104 | <input type="checkbox"/> Mt. Pleasant Baptist
2200 Olive St., KCMO 64127 |
| <input type="checkbox"/> New Haven Baptist
5501 Blue Ridge Cutoff, Raytown, MO 64133 | <input type="checkbox"/> Oak Ridge Baptist
9301 Parallel Pkwy, KCKS 66112 |
| <input type="checkbox"/> Palestine Baptist
3619 E. 35 th St., KCMO 64128 | <input type="checkbox"/> Pleasant Green Baptist
340 David L. Gray Dr., KCKS 66101 |
| <input type="checkbox"/> Rainbow Mennonite
1444 Southwest Blvd., KCKS 66103 | <input type="checkbox"/> Second Baptist
2328 Ruby Ave., KCKS 66106 |
| <input type="checkbox"/> St. James/40 Acres UMC
7620 E. 79 th , KCMO 64138 | <input type="checkbox"/> St. Peter CME
1419 N. 8 th St., KCKS 66101 |

Parents -- Please bring the completed application to the Parent Orientation.

FOR KANSAS SITES ONLY: In order to enroll in the 2009 Program, students 5-6 years of age must have completed kindergarten. *(This does not apply to Missouri Sites.)*

FOR OFFICE USE:

- Enrolled _____ Level: _____ Waiting list _____
- Withdrawn _____ Date: _____ Reason: _____
- Parent Attended Orientation? Yes No Last Year's Parent Meeting Attendance Rate _____%

CHILDREN'S DEFENSE FUND FREEDOM SCHOOLS®

CHILD ENROLLMENT FORM 2009



***PLEASE NOTE:** *In order for your child to attend Freedom School, you (the parent/guardian) must attend Parent Orientation, Weekly Parent Workshops, and Volunteer at the site during the summer.*

_____ (please initial here)
 (Please complete one form for each child) Student No. _____

Name of Site: _____ Today's Date: _____

Child's Full Name _____ Preferred Name or Nickname _____
Last Middle First

Date of Birth ____/____/____ Gender Male Female

Child's T-Shirt Size (Small, Medium, Large?) _____

Child's Address _____
Address City State Zip

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

2008-2009 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? _____

How many children live in your household? _____

Household Annual Income: \$ _____

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

- Yes
- No

Current school _____

School you will attend in the fall _____

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

Your Name : _____

Relationship to the Child: _____

Are you a church member of your Freedom School Site? [] Yes [] No

Please list other adults authorize to pick up your children:

Name	Relationship	Phone Number
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:

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 during the year (for example, organized sports, music or dance lessons, academic tutoring, clubs or organizations)?

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 understand that it is a requirement of the Kansas City CDF Freedom Schools® Program that my child must attend school every day in order to satisfactorily complete the program.

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 _____