CHILDREN’S DEFENSE FUND FREEDOM SCHOOLS® PROGRAM

2019 CHILD ENROLLMENT FORM

Deaconess Foundation will sponsor a network of CDF Freedom Schools® summer programs for children in grades kindergarten (children entering first grade) through five in the St. Louis region. The seven-week program provides summer enrichment around five essential components: high-quality academic enrichment, parent and family involvement, civic engagement and social action, intergenerational leadership development, and nutritional, physical, and mental health. Enrichment is driven by the Integrated Reading Curriculum (IRC) which primarily focuses on literacy to curb summer learning loss and close achievement gaps.

The seven-week summer program provides literacy building and personal-empowerment activities, meals, snacks and field trips at no charge to families. The CDF Freedom Schools® model also includes extensive testing and evaluation to measure academic progress.

Program Dates: June 10 - July 26, 2019 (Monday - Friday)
*All Program Sites - CLOSED July 4 – 5, 2019

Hours: 8 a.m. - 5 p.m.
*Earlier arrival may be arranged

Program Sites:
- Christ the King United Church of Christ
  11370 Old Halls Ferry Road
  Florissant, MO 63033

- Deaconess Center for Child Well-Being
  1000 North Vandeventer Avenue
  St. Louis, MO 63113

- Peace United Church of Christ
  204 East Lockwood Avenue
  Webster Groves, MO 63119

- Saint John's Church (The Beloved Community)
  4136 North Grand Boulevard
  St. Louis, MO 63107

Enrollment: Complete the attached form and return to:

Deaconess Foundation
ATTN: CDF Freedom Schools
1000 North Vandeventer Avenue
St. Louis, MO 63113

or

Enroll online at https://www.deaconess.org/freedomschools
Enrollment closes April 1, 2019.
Complete an enrollment form for each child. If enrolling more than one child from the same family/household, complete only a separate child information section for each child.

PROGRAM SITE PREFERENCE
Please rank the summer program sites in order of preference. Note: There is no guarantee that your scholar(s) will be assigned to the most preferred site identified below. (1 = First Choice, 2 = Second Choice, 3 = Third Choice, 4 = Fourth Choice)

☐ Christ the King United Church of Christ
☐ Deaconess Center for Child Well-Being
☐ Peace United Church of Christ
☐ Saint John's Church (The Beloved Community)

CHILD INFORMATION
Child's Last Name ______________________             Child's First Name _____________________________
Child's Birth Date ____/____/__________   Child's Age __________    Child's T-Shirt Size _______
Child's Gender Identity
☐ Female
☐ Male
☐ Non-binary
☐ Decline to state
☐ Other ________________________________________________________

Child's Preferred Pronoun
☐ She
☐ He
☐ They
☐ Other __________________________________________________________

Child's Race/Ethnicity
☐ American Indian or Alaska Native
☐ Native Hawaiian or Pacific Islander
☐ Asian
☐ Black or African American
☐ White
☐ Other

Are you enrolling more than one child?
Is your child an English Language Learner?
☐ Yes
☐ No

Please list any languages your child speaks at home: ________________________________

Type of school your child attended during the 2018-2019 school year:
☐ Public
☐ Charter
☐ Private
☐ Home
☐ Other

Name of Child's School: __________________________ Name of School District: __________________________

What grade level is your child enrolled for the current school year (2018-2019)? Please circle your selection.

Kindergarten 1st 2nd 3rd 4th 5th Other __________________________

Does your child receive or qualify for free/reduced price lunch at school during the academic year?
☐ Yes
☐ No

Does your child have health insurance?
☐ Yes
☐ No

If yes, please provide your child's health insurance carrier:
☐ Medicaid
☐ N/A
☐ Other ________________________________

Has your child ever participated in Special Education or had a 504 plan?
☐ Yes, Special Education
☐ Yes, 504
☐ No

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

☐ Yes
☐ No

If yes, how many years has your child participated in the *CDF Freedom Schools* 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 so, please explain:

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Is there anything else you would like to share about your child? If so, please do so below:

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________
FAMILY INFORMATION

Last Name of Adult Completing this Form _____________________ First Name _____________________

Middle Initial _________ Relation to Child _________________________________________

Gender Identity

☐ Female
☐ Male
☐ Non-binary
☐ Decline to state
☐ Other

Preferred Pronoun

☐ She
☐ He
☐ They
☐ Other

Street Address ______________________________________________________________________________

City __________________________ State _______ Zip Code _____________________

Primary Phone Number __________________________ Work Phone Number __________________________

Cell Phone Number _____________________________

Email Address _____________________________________________

How many people live in your household? ___________________

- # of children ages 6 through 18: ___________
- # of children 5 and under: ________________

EMERGENCY CONTACT INFORMATION

Contact Person’s Last Name _______________________________ First Name ____________________________

Middle Initial _______ Relation to Child ____________________

Is this person authorized to pick up the child(ren) you enrolled in the program? *

☐ Yes
**No**

Primary Phone Number __________________________  Work Phone Number __________________________

Cell Phone Number ______________________________

Email Address _____________________________________________

Please list other adults who are authorized to pick up the child(ren) you enrolled in the program.

1) ___________________________________     ________________________    ______________________
   Full Name                  Relationship                  Primary/Cell Phone Number

2) ___________________________________     ________________________    ______________________
   Full Name                  Relationship                  Primary/Cell Phone Number

3) ___________________________________     ________________________    ______________________
   Full Name                  Relationship                  Primary/Cell Phone Number

*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:

____________________________________________________________________________________________

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:

____________________________________________________________________________________________