



RED CLAY

CONSOLIDATED SCHOOL DISTRICT

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:		(for staff use only) SLI Name:		
CHILD INFORMATION				
*Child's First Name:	Middle:	*Last:	*Birth Date: / /	Age:
Home Street Address:				
City:		*State:	ZIP Code:	
*Child's Level: ☐ Level II (grades 3-5)			T-shirt size:	
*Child's Student ID Number: _____			*Child's Race/Ethnicity (check all that apply):	
*Gender Identity:	Preferred pronoun:		☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Asian ☐ Black or African-American ☐ Hispanic/ Latino ☐ White ☐ Other	
☐ Female ☐ Male ☐ Non-binary ☐ Decline to state ☐ Other	☐ She ☐ He ☐ They ☐ Other			
*What is your child's reading proficiency level?			*Is your child an English Language Learner? (English is not their first language)	
☐ Below Grade Level ☐ At Grade Level ☐ Above Grade Level			☐ Yes ☐ No	
*Please list any languages your child speaks at home. _____				
*Name of school that your child attended for the 2025-2026 school year:				
☐ Shortlidge ☐ Warner ☐ Lewis ☐ Johnson ☐ Other				
*Grade in the 2025-2026 school year:	*Student Media Consent and Release: I authorize the organization to capture and use my student's image, voice, and work for promotional or educational purposes. ☐ Yes ☐ No			
*Has your child ever attended a CDF Freedom Schools® Summer or After-School program before?				
☐ Yes ☐ No If yes, how many years has your child participated in the <i>CDF Freedom Schools</i> program? _____				
*Does your child have health insurance?		*If yes, what is your child's health insurance carrier?		
☐ Yes ☐ No		☐ Medicaid ☐ Other ☐ N/A		
*Has your child ever qualified for an Individual Educational Plan (IEP) or 504 plan? Choose 1 (one).				
☐ IEP ☐ 504 ☐ No				
Transportation Purposes Only - Note: The Red Clay Transportation Department will assign the stop location, and information will be sent to you before the program starts. Please choose from the transportation options :		☐ Please use the home address listed to determine my bus stop ☐ My child will be a car rider to/from Shortlidge ☐ My child will be a walker to/from Shortlidge		

Fields with an asterisk () are required.

CHILD INFORMATION CONTINUED

Does your child have any allergies or health conditions of which we should be made aware? If yes, what?

FAMILY INFORMATION **Enter the name of 1 (one) person in this section*

*First Name of Adult completing this form: Middle Initial: *Last Name: Suffix:

*Relationship to Child(ren):

☐ Parent ☐ Grandparent ☐ Other relative ☐ Other (non-relative)

*Is this person the child(ren)'s legal guardian? ☐ Yes ☐ No

*Gender Identity:

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

*Preferred pronoun:

☐ She
☐ He
☐ They
☐ Other

*Home Phone:

()

*Mobile Phone:

()

Work Phone:

()

*Personal Email Address:

*How many people live in the household? _____ *# of children aged 6-18 _____ *# of children 5 and under: _____

Sign up to receive general email communications from Children's Defense Fund: ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION

*Contact Person's First name:

*Last:

*Middle

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

☐ Yes ☐ No

*Home Phone Number:

()

*Mobile Phone Number:

()

*Work Phone Number:

()

*Email Address:

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

Name:

Relationship:

Mobile Phone Number:

1.

2.

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 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: _____

***Fields with an asterisk (*) are required.**

If you elected to receive CDF emails, note that we may use the information you provide to us on this form to communicate further with you (including to send you promotional materials about the Children's Defense Fund). For more information about how we collect, use, and share information, please see the Privacy Policy on our website www.childrensdefense.org.