

# 2019 Child Enrollment Form

(Please complete one form for each child.)



**Email Completed Forms to [FreedomSchool@risingstarbc.org](mailto:FreedomSchool@risingstarbc.org) SUBJECT: 2019 Freedom School Enrollment  
or Fax to: 682-841-0244**

Name of Site Rising Star Baptist Church

Today's Date \_\_\_\_\_

Your Name \_\_\_\_\_

Relationship to this Child

- Parent     
  Legal Guardian     
  Foster Parent  
 Grandparent/other relative

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_ Gender  Male  Female

Preferred Name or Nickname \_\_\_\_\_

Is this child living with you?  Yes  No

**Race/Ethnicity**

- African American/Black, non-Latino
- American Indian or Alaska Native
- Asian, Native Hawaiian or Pacific Islander
- Hispanic/Latino
- White, non-Latino
- Other

**Type of School**

- Public
- Charter School
- Faith-based
- Private

Grade enrolled in 2018-2019 \_\_\_\_\_

**T-Shirt Size** \_\_\_\_\_

Youth (XS, S, M, L, XL) Adult (S, M, L, XL)

Name of School \_\_\_\_\_

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

## **Emergency Contact**

(If parent or guardian cannot be reached):

Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Work phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Cell phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

## **Authorized to Pick Up**

Please list other adults authorized to pick up your children:

Name	Relationship	Phone Number
1. _____	_____	(____)____-_____
2. _____	_____	(____)____-_____
3. _____	_____	(____)____-_____

Do any of the children receive free/reduced price lunch at school during the school year?

- Yes  
 No

Was the child in special education during the 2018-2019 school year?

- Yes  
 No

How many people live in your household?

\_\_\_\_\_

Has the child ever repeated a grade?

- Yes  No

How many children live in your household?

\_\_\_\_\_

Household annual income

\$\_\_\_\_\_

Has the child attended a CDF Freedom Schools program before?  Yes  No

If yes, how many summers has the child participated in the CDF Freedom School program (Not including the current summer)? \_\_\_\_\_

# 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 Hyperactivity 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 and allergies:

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Does this child currently need or use medicine prescribed by a doctor?

- Yes                       No

Please list the medications(s):

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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:

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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:

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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:

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How did you hear about this program?

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What other enrichment or extra-curricular activities does your child participate in during the year (for example, organized sports, music or dance lessons, academic tutoring, clubs or organizations)?

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# 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 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 of film, videotape, audiotape, still photographs, print and any other media now known or hereafter invented. I acknowledge that CDF shall own all rights, 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 publication, 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 the demographic/longitudinal evaluations that may be developed to strengthen the *CDF Freedom Schools* program nationally.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Rising Star Baptist Church General Liability Waiver

Your participant has the option of attending field trips off campus. We will be providing the transportation for these trips, and our vehicles are wheelchair accessible. We will be administering medications and maintaining appropriate staffing ratios. There will be a member of the administrative staff who will communicate directly with parents if needed. If you do not wish for your participant to attend any of the field trips, there will be alternative programming available, unless otherwise noted.

Participant \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## WAIVER OF LIABILITY

I/we acknowledge that my/my child's voluntary participation on this trip entails known, unknown and unanticipated risks, hazards or dangers, which could result in or lead to physical or emotional injury, illness, death or disability. I/we understand that such risks cannot be eliminated without jeopardizing the essential qualities of the field trips. I/we understand and acknowledge that Rising Star Baptist Church (the "Organization") is not responsible for my/my child's safety or for eliminating these risks. I/WE EXPRESSLY AGREE AND PROMISE TO ACCEPT AND ASSUME ALL OF THE RISKS THAT EXIST IN THIS ACTIVITY, INCLUDING ALL RISKS OF PERSONAL INJURY OR DEATH OR DAMAGE TO MY/MY CHILD'S PROPERTY. My/my child's participation in this activity is completely and purely voluntary, and I/we elect to participate in spite of the risks.

I/we understand and agree that Rising Star Baptist Church is not responsible or liable, financially or otherwise, for any injuries, illnesses, accidents or other damages that occur to me/my child while I/my child attend(s) this trip, including any such injuries that result from my/my child's participation in any programs and activities at the field trips' location, or as may be caused by the Organization or its agents.

I/we understand that I am/we are responsible for the care of my/my child's property. Rising Star Baptist Church shall not be held responsible or liable for loss, damage, neglect, misplacement or theft of my/my child's property, regardless of how it occurred. I/we acknowledge that Rising Star Baptist Church is not responsible or liable for any items I/my child bring(s) to, use(s), or leave(s) on this trip.

I/WE AGREE THAT I/WE, AND ON BEHALF OF MY/MY CHILD'S SUCCESSORS, ASSIGNS, HEIRS, INSURERS, AGENTS, GUARDIANS AND LEGAL REPRESENTATIVES, HEREBY RELEASE RISING STAR BAPTIST CHURCH FROM, AND AGREE NOT TO SUE THE ORGANIZATION FOR, ANY RIGHTS, ACTIONS, CAUSES OF ACTION, LIABILITY, CLAIM, SUIT, OR EXPENSE IN ANY WAY ASSOCIATED WITH, ARISING FROM OR ARISING OUT OF, MY/MY CHILD'S PARTICIPATION ON THIS TRIP, OR MY/MY CHILD'S USE OF EQUIPMENT OR THE FACILITIES AT THE TRIP'S LOCATIONS, INCLUDING WITHOUT LIMITATION, THOSE ARISING OUT OF INJURY TO ME/MY CHILD OR MY/MY CHILD'S DEATH, OR LOSS OF USE OR DAMAGE TO MY/MY CHILD'S PROPERTY. Neither I nor anyone acting on my behalf will make a claim against Rising Star Baptist Church as a result of any loss, injury, damage, or death suffered by me/my child. This release of liability includes any and all losses caused or alleged to be caused in whole or in part by the negligence of any Organization personnel to the fullest extent permitted by law.

I/WE HEREBY ACKNOWLEDGE THAT I/WE HAVE CAREFULLY READ THIS AGREEMENT, AND THAT I AM/WE ARE FAMILIAR WITH AND UNDERSTAND ITS CONTENTS. I AM/WE ARE AWARE THAT THIS IS A RELEASE OF ALL LIABILITY AND A PROMISE NOT TO SUE VIA REHABILITATION SERVICES. I HEREBY SIGN THIS AGREEMENT OF MY OWN FREE WILL.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date