



## AB CHRISTIAN LEARNING CENTER PROGRAMS 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: _____		(Please indicate program)		After School <input type="checkbox"/>	Freedom School <input type="checkbox"/>
CHILD INFORMATION					
Child's Last Name: _____		First Name: _____		Middle I. _____	Birth Date: (MM/DD/YYYY) _____ / ____ / ____
Age: _____					
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>		Child's Race/Ethnicity (check all that apply):			
Address _____  City _____ Zip Code _____		<input type="checkbox"/> American Indian or Alaska Native			
		<input type="checkbox"/> Native Hawaiian or Pacific Islander			
		<input type="checkbox"/> Asian			
		<input type="checkbox"/> Black or African-American			
		<input type="checkbox"/> White			
		<input type="checkbox"/> Other			
Please list any languages your child speaks at home. _____ _____			Is your child an English Language Learner?		
			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Type of school that your child attended this past school year:					
<input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Home <input type="checkbox"/> Other _____					
Grade in <b>now</b> : _____			Does your child receive or qualify for free/reduced price lunch at school during the academic school year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child's School: _____		School District: _____		City: _____	
Does your child have health insurance?			If yes, what is your child's health insurance carrier?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Medicaid <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A		
Has your child ever participated in Special Education or had a 504 plan?					
<input type="checkbox"/> Yes, Special Education		<input type="checkbox"/> Yes, 504		<input type="checkbox"/> _____	
Has your child ever attended a Freedom Schools Summer program before? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, how many years has your child participated in the <i>Freedom Schools</i> 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 yes, what?		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
Is there anything else that you would like to share about your child?					

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

<b>FAMILY INFORMATION</b>		
Last Name of Adult completing this form: _____	Middle Initial: _____	First Name: _____
Relation to Child(ren): Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative <input type="checkbox"/> Other _____		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Home Phone Number: (____) _____	Cell Phone Number: (____) _____	Work Phone Number: (____) _____
Email Address: _____		
Alternate Email Address (if applicable): _____		
How many people live in your household? _____ # of children ages 6-18 _____ # of children 5 and under: _____		
<b>EMERGENCY CONTACT INFORMATION</b>		
Contact Person's Last name: _____	First: _____ Middle: _____	Is this person authorized to pick up the child(ren) you enrolled in the program? Yes      No
Home Phone Number: (   )	Cell 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:	Cell Phone Number:
1.		
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.		
<i>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.</i>		
Parent/Other Adult Caregiver signature: _____		Date: _____
I understand that AB Christian Learning Center is enrolling my child(ren) in the Freedom Schools program in partnership with community organizations to offer this summer program. This personal information will be kept private and confidential and will only be shared to collect demographic information on children served and to report out this information in aggregate form.		
Parent/Guardian signature: _____		Date: _____

**Email Completed Form to [FS@abchrist.org](mailto:FS@abchrist.org)**

**Preferred Site 1st Choice**

**Preferred Site 2ndChoice**

\_\_\_\_\_

\_\_\_\_\_

**Student's latest report card must be submitted with application**