

Parent/Guardian - Contact Information

First _____
 Last _____
 Address _____
 City _____
 State _____ Zip Code _____
 Home Phone _____
 Work Phone _____
 Cell phone _____
 E-mail _____
 Occupation _____
 Employer _____
 Are Parent(s) receiving CalWorks Assistance:
 Yes _____ No _____

Emergency Contact #1

First _____
 Last _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Email _____
 Relation to child _____

Emergency Contact #2

First _____
 Last _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Email _____
 Relation to child _____

First _____ Middle _____ Last _____
 Street Address _____
 Town/City _____ State _____ Zip code _____
 Child's Home Phone _____ Cell Phone _____ Gender : Male _____ Female _____ Grade Just Completed-
 _____ Age (as of June 30th) Birth date ____/____/____
 Nickname _____
 School Attended _____ Address of School _____
 Does child live with parent/guardian listed above _____ Yes _____ No _____ If no, who will child be living with during the
 summer (Name/relationship)? _____
 Does your child participate in any of the following programs?
 _____ Bilingual _____ Special Education _____ ES/LELD _____ Gifted /Talented _____ Other (Specify) _____
 What activities does your child participate in during the school year? (e.g. sports, music, art, tutoring)? _____
 What type of activities is your child interested in? _____

Ethnicity (Check All That Apply)

_____ African American/Black _____ American Indian or Alaskan Native _____ Hispanic/Latino _____ Asian, Native
 Hawaiian or Pacific Islander _____ White/Non-Latino _____ Other _____

Household

Do any of your children receive or qualify for free/reduced lunch during the school year _____ Yes _____ No How many
 people live in your household? _____ How many children live in your household _____ Annual household Income:
 \$ _____ Is the student in foster care? _____ Yes _____ No Has child been previously enrolled in Freedom School?
 _____ Yes _____ No

Does your child have siblings? If so, how many _____ Does your child have siblings who have participated in Freedom
 School? _____ Yes _____ No

Name of sibling(s) _____

Academic/ Behavior

Does your child have any academic challenges? If so, please describe.

Does your child have any behavioral challenges? If so, please describe.

What activities does your child participate in during the school year? (e.g. sports, music, art, tutoring)

What type of activities is your child interested in?

Mental/ Physical /Emotional Health

Has this child been to the doctor for any reason in the last 12 months? Yes ___ No ___ Explain _____

Has this child been to the dentist in the last 12 months? Yes ___ No ___

Has a doctor, health professional, teacher, or school official ever told you that this child has a learning disability? Yes ___ No ___
If yes, Explain _____

Other

Does your child know how to swim? Yes ___ No ___

Does your child know how to ride a bike? Yes ___ No ___

T-Shirt size ___ YS (6-8) ___ YM (10-12) ___ YL (14-16)

Adult: ___ S ___ M ___ L ___ XL

Medical Release Information - Insurance

Policy # _____ Name of Health Insurance _____

Provider _____

Primary Physician _____

Address _____ Phone _____

Hospital Preference _____

Medical Information:

Does your child have any health problems? Specify _____

Does this child use any type of medication prescribed by a doctor? Please list:

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication? Yes ___ No ___ If yes, please list: _____

Does your child require a special diet? Yes ___ No ___ If yes, explain: _____

Please list any other allergies: _____

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, including physical exercise? Yes ___ No ___ If yes, please explain _____

I understand that I will be notified in the case of a medical emergency involving my child. If I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. Parent's/Guardian's Initials _____
I agree to abide by all rules of the program, to participate in all parent meetings, and allow my child's image to be used in media promotions of the program.

Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____