



## AB CHRISTIAN LEARNING CENTER PROGRAMS 2024 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	Freedom School
CHILD INFORMATION			
Child's Last Name:	First Name:	Middle I:	Birth Date: (MM/DD/YYYY) / /
Age:			
Gender:      Female                      Male	Child's Race/Ethnicity (check all that apply):		
Address _____  City _____ Zip Code _____	American Indian or Alaska Native		
	Native Hawaiian or Pacific Islander		
	Asian		
	Black or African-American		
	White		
	Other		
Please list any languages your child speaks at home. _____ _____		Is your child an English Language Learner?	
		Yes                      No	
Type of school that your child attended this past school year:			
Public	Charter	Private	Home                      Other
Grade in <i>now</i> :	Does your child receive or qualify for free/reduced price lunch at school during the academic school year?		Yes                      No
Child's School:	City:		State:
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 participated in Special Education or had a 504 plan?			
Yes, Special Education		Yes, 504	
Has your child ever attended a Freedom Schools Summer program before?                      Yes                      No			
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 \_\_\_\_\_

FAMILY INFORMATION		
Last Name of Adult completing this form:	First:	Middle Initial:
Relation to Child(ren):		
Parent	Grandparent	Other relative
Guardian		
Other _____		
Gender:		
Female		
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: _____		
EMERGENCY CONTACT INFORMATION		
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.		
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)**