



All CDF Freedom Schools® program sites are required to submit the information on this form to the CDF Freedom Schools national office using the CDF Student Information System (SIS). To access SIS, (1) visit the CDF Freedom Schools program website (www.freedomschools.org), (2) click the link labeled “**Resources for Sponsor Organizations**” and (3) enter the assigned username and password.

Required Parent Information Form

INSTRUCTIONS: Please complete **one form for each parent** enrolled in your program. If requested information is non-applicable, mark N/A. If requested information is unavailable or unknown at this time, mark U/A.

Today's Date (MM/DD/YEAR): ____/____/____ (**Summer**)

1. Please indicate the first name, middle name, last name, and date of birth for each of your enrolled children:

Child 1: First Name _____ Middle Name _____
Last Name _____ Date of Birth _____

Child 2: First Name _____ Middle Name _____
Last Name _____ Date of Birth _____

Child 3: First Name _____ Middle Name _____
Last Name _____ Date of Birth _____

Child 4: First Name _____ Middle Name _____
Last Name _____ Date of Birth _____

If necessary, please attach additional sheet for more children.

2. Your First Name:

Your Middle Name:

Your Last Name:

Your date of birth (MM/DD/YEAR): ____/____/____

3. What is your gender?

- ☐ Male
- ☐ Female

4. What is your race/ethnicity?

- ☐ African American/Black, non-Latino
- ☐ Native American/Indian or Alaska Native
- ☐ Asian American
- ☐ Native Hawaiian or Pacific Islander
- ☐ Latino/Hispanic
- ☐ European American/White, non-Latino
- ☐ Mixed Heritage
- ☐ Other _____

5. What is your primary or native language?

6. What is the highest level of education you have completed?

- ☐ Elementary School
- ☐ Some High School
- ☐ High School Diploma
- ☐ Trade or Vocational School
- ☐ Associates Degree
- ☐ Some College
- ☐ Bachelors Degree
- ☐ Some Graduate School
- ☐ Masters Degree
- ☐ Doctorate Degree
- ☐ Professional Degree
- ☐ Non-applicable

7. What is your residential address?

Street: _____

City: _____ State: _____ Zip Code: _____

8. What is your mailing address?

Street: _____

City: _____ State: _____ Zip Code: _____

☐ Same as residential address

9. What is/are your phone number(s) and email address?

Work: _____

Home: _____

Mobile: _____

Email: _____

10. How did you find out about the *CDF Freedom Schools* program?

☐ Internet or email correspondence

☐ Personal contact or relationship

☐ Mailing

☐ Event advertising

☐ Research

☐ School or educational institution

☐ Child or youth services agency/program

☐ Work

☐ Other _____

Family Demographic Information

11. How many people currently reside in your household? _____

12. How many children (persons under age 18) currently reside in your household? _____

13. What is your annual household income? (Please select from the list below)

Note: Household income information is **confidential** and will NOT be shared with third parties. The *Children's Defense Fund* requests this information in order to better serve and assess the needs of our *CDF Freedom Schools* program participants.

☐ \$0 - 20,000

☐ \$20,001 - 30,000

☐ \$30,001 - 45,000

- ☐ \$45,001 - 60,000
- ☐ \$60,001 - 65,000
- ☐ \$65,001 - 80,000
- ☐ \$80,001 +

Parent's Employment Information

14. What is your current employment status?

- ☐ Full-time
- ☐ Part-time
- ☐ Self-employed
- ☐ Retired
- ☐ Unemployed
- ☐ Non-applicable

15. What is the name of your primary employer?

16. What is your primary profession/occupation?

Emergency Contact Information

17. Emergency contact's last name: _____

18. Emergency contact's first name: _____

19. Emergency contact's relationship to you:

- ☐ Partner/Spouse/Significant Other
- ☐ Child
- ☐ Sibling
- ☐ Mother
- ☐ Father
- ☐ Relative
- ☐ Friend
- ☐ Neighbor
- ☐ Co-worker
- ☐ Other _____

20. Emergency Contact 1: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

Relationship to you: _____

21. Please list other adults who are authorized to pick up your child.

Name:	Relationship:	Mobile Phone #:
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

22. Would you be willing to provide feedback regarding your child's *CDF Freedom Schools* experience?

☐ Yes

☐ No

THIS SECTION IS FOR STAFF USE ONLY

Today's Date: ____/____/____

Name of *CDF Freedom Schools* program **Sponsor Organization:**

Name of *CDF Freedom Schools* program **Site:**

CDF Freedom Schools program **Site Address:**

City: _____ State: _____ Zip Code: _____

CDF Freedom Schools program **Site Phone Number:** (____) _____ -
