

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 ___ ESL/ELD ___ 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) _____

<p>Academic/ Behavior</p> <p>Does your child have any academic challenges? If so, please describe. _____</p> <p>Does your child have any behavioral challenges? If so, please describe. _____</p> <p>What activities does your child participate in during the school year? (e.g. sports, music, art, tutoring) _____</p> <p>What type of activities is your child interested in? _____</p> <p>Mental/ Physical /Emotional Health</p> <p>Has this child been to the doctor for any reason in the last 12 months? ___Yes ___No Explain _____</p> <p>Has this child been to the dentist in the last 12 months? ___Yes ___No</p> <p>Has a doctor, health professional, teacher, or school official ever told you that this child has a learning disability? ___Yes ___No If yes, Explain _____</p> <hr/> <p>Other</p> <p>Does your child know how to swim? ___Yes ___No</p> <p>Does your child know how to ride a bike? ___Yes ___No</p> <p>T-Shirt size ___YS (6-8) ___YM (10-12) ___YL (14-16)</p> <p>Adult: ___S ___M ___L ___XL</p>	<p>Medical Release Information - Insurance</p> <p>Policy # _____ Name of Health Insurance _____</p> <p>Provider _____</p> <p>Primary Physician _____</p> <p>Address _____ Phone _____</p> <p>Hospital Preference _____</p> <p>Medical Information:</p> <p>Does your child have any health problems? Specify _____</p> <p>Does this child use any type of medication prescribed by a doctor? Please list: _____</p> <p>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: _____</p> <p>_____</p> <p>Is your child allergic to any type of food or medication? Yes__ No__ If yes, please list: _____</p> <p>Does your child require a special diet? Yes__ No__ If yes, explain: _____</p> <p>Please list any other allergies: _____</p> <p>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 _____</p> <p>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 _____</p> <p>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.</p> <p>Signature: _____ Date: _____</p> <p>Printed Name of Parent/Guardian: _____</p>
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THE HANNAH FREEDOM SCHOOL

SUMMER **C**CULTURE **A**ARTS **S**SPORTS **A**ACADEMICS... *Where all children belong*

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