

**Deadline: April 10, 2026**

## Second Chance Freedom Ministry Enrollment Form

### Eligibility Documentation (Required)

To be considered for enrollment, families must submit **at least one (1)** of the following documents showing academic need. You do **not** need to submit all items.

- Letter from the Arkansas Department of Education indicating literacy concerns
- ATLAS test results
- School interim assessment results
- Letter of retention recommendation or academic concern from the school All

information will be kept confidential.

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.

### \*Required Fields

Today's Date:		(for staff use only) SLI Name:		
<b>CHILD INFORMATION</b>				
*Child's First Name:	Middle:	*Last:	*Birth Date: / /	Age:
Home Street Address:				
City:		*State:	ZIP Code:	
*Child's Level: <input type="checkbox"/> Level I (grade 3) <input type="checkbox"/> Level II (grade 4)			T-shirt size:	
*Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary Decline to state <input type="checkbox"/> Other		Preferred pronoun: <input type="checkbox"/> She <input type="checkbox"/> He <input type="checkbox"/> They <input type="checkbox"/> <input type="checkbox"/> Other		
*Child's Race/Ethnicity (check all that apply): <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"/> Hispanic/ Latino				

*What is your child's reading proficiency level? <input type="checkbox"/> Below Grade Level. <input type="checkbox"/> At Grade Level <input type="checkbox"/> Above G		<input type="checkbox"/> White <input type="checkbox"/> Other
Please list any languages your child speaks at home.		*Is your child an English Language Learner? (English is not their first language)  <input type="checkbox"/> Yes <input type="checkbox"/> No
*Type of school that your child attended for the 2024-2025 school year: <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Home <input type="checkbox"/> Other		
*Grade in the 2026-2027 school year:	*Does your child receive or qualify for free/reduced price lunch at school during <input type="checkbox"/> Yes <input type="checkbox"/> No the academic year?	
*Child's School Name:	*City :	*State:
*Has your child ever attended a CDF Freedom Schools® Summer or After-School program before? If yes, how many years has your child participated in the <i>CDF Freedom Schools</i> program? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Does your child have health insurance?  <input type="checkbox"/> Yes <input type="checkbox"/> No	*If yes, what is your child's health insurance carrier?  <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <input type="checkbox"/> N/A	

*Has your child ever qualified for an Individual Educational Plan (IEP) or 504 plan? Choose 1 (one). <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> No	
What are some strategies our team can use to best support your child's learning throughout the program? Does your child have any allergies or health conditions of which we should be made aware? If yes, (ex: needs additional reading help, prefers small groups) _____ _____ _____	

**CHILD INFORMATION CONTINUED**

Is there anything else you would like to share about your child?

\_\_\_\_\_

**FAMILY INFORMATION**      \*Enter the name of 1 (one) person in this section

*First Name of Adult completing this	Middle Initial:	*Last Name:	Suffix: form:

*Relationship to Child(ren):			
<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other relative	<input type="checkbox"/> Other (non-relative)
*Is this person the child(ren)'s legal guardian?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Gender Identity:		*Preferred pronoun:	
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> She	<input type="checkbox"/> He
<input type="checkbox"/> Non-binary	<input type="checkbox"/> Decline to state	<input type="checkbox"/> They	<input type="checkbox"/> Other
<input type="checkbox"/> Other			
*Home Phone:		*Mobile Phone:	Work Phone:
(    )		(    )	(    )
*Personal Email Address:			
*How many people live in the household? _____ *# of children aged 6-18 _____ *# of children 5 and under: _____			
Sign up to receive general email communications from the Second Chance Freedom School			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>EMERGENCY CONTACT INFORMATION</b>			
*Contact Person's First name:		*Middle:	*Is this person authorized to pick up the child(ren) you enrolled in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Last:			
*Home Phone Number:		*Mobile 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:	Mobile Phone Number:
1.			
2.			
<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 the Second Chance Ministry Program is enrolling my child(ren) is in partnership with the Children's Defense Fund Freedom Schools to offer this 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: \_\_\_\_\_