**CDF FREEDOM SCHOOL  
CHILD ENROLLMENT FORM  
SUMMER 2024 (6/17 – 7/26)**

***A non-refundable registration fee of $35 must accompany  
each submitted application.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s Name (First, Middle, Last): | | | Today’s Date: | | | |
| **REFERRAL INFORMATION (TO BE COMPLETED BY PERSON REFERRING CHILD TO FREEDOM SCHOOL. IF CHILD IS BEING REFERRED BY PARENT/GUARDIAN, THEN THAT PERSON SHOULD COMPLETE THIS SECTION.)** | | | | | | |
| Name of Person Referring Child to Freedom School:  Phone: Email: | | | Relationship to Child:  □Parent/Guardian  □School Social Worker  □Teacher/School Administrator/School Counselor  □SRO  □Court Counselor  □Other Law Enforcement  □DSS Social Worker  □Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of Runaways:\_\_\_\_\_\_\_\_\_  Number of Short-Term Suspensions:\_\_\_\_\_\_\_\_\_  Number of Long-Term Suspensions: \_\_\_\_\_\_\_\_\_  Number of Expulsions: \_\_\_\_\_\_\_\_\_ | | | |
| Current Legal Status of Child:  □N/A – No Juvenile Justice Involvement  □Court Counselor Consultation  □Diversion Plan/Contract  □Petition Filed  □Deferred Prosecution  □Adjudicated Undisciplined Disposition Pending  □Adjudicated Delinquent Disposition Pending  □Protective Supervision  □Probation  □Commitment  □Post-Release Supervision  □Continuation Services | | |
| Does the child speak English? Yes No  Primary language spoken in the household? | | | Has the child experienced homelessness at any time during the last 12 months? Yes No  Does this child live in the South Rocky Mount area?  Yes No | | | |
| Please circle any behaviors/risk indicators that are or have been applicable to this child in the last 12 months: | | | | | | |
| **INDIVIDUAL**  Bullying Behavior  Negative Labeling/Bullied  Crime/Delinquency  Fighting/Aggressive Behavior  Fire Setting  Impulsive/Risk Taking  Mental Health Issues/  Depression/Anxiety/  Temper Tantrums  Poor Social Skills/Anti-Social  Run Away from Home  Self-Mutilation  Sexually Active  Sexual Offense  Sexual/Physical/Mental  Abuse/Victimization/  Trauma | Substance Use (alcohol or drugs)  Suicide Attempts  Suicidal Ideation/Threats  **FAMILY**  Excessive Dependence on Parents  Family Conflict  Lack of Discipline by Parent or Child is Ungovernable  Sibling or Parent/Guardian on Probation or Incarcerated  Substance Abuse in Home  **SCHOOL**  Academic Failure/Behind Grade Level for Age  Behavior Problems: Disruptive in Class/Referrals to Office/Suspensions  Truancy/Skipping School | | | | **PEER**  Gang Associate or Member or Gang Involvement  Negative Peer Associations/Association with Aggressive Peers  Typically Associates with Negative Older Persons  **COMMUNITY**  Availability or Perceived Access to Drugs  Disadvantaged/Disorganized/  Impoverished Neighborhood  Feeling Unsafe in Home Neighborhood  High Crime Rate in Home Neighborhood | |
| Why are you referring this child to Freedom School: | | | | | | |
| **CHILD INFORMATION (TO BE COMPLETED BY PARENT/GUARDIAN)** | | | | | | |
| Child’s Last Name: First: Middle: | | | | Birthdate:  / / | | Age: |
| Home Address:  City: State: ZIP Code: | | | | Gender:  Male Female | | Grade Completed May/June 2024: |
| County: | | School Name: |
| Does your child have health insurance? Yes No  If yes, what is your child’s health insurance carrier? | | | | Has your child attended Freedom School before? Yes No  If yes, how many years? \_\_\_\_\_\_\_\_\_\_\_ | | |
| Does your child have any allergies or health conditions of which we should be made aware? Yes No  If yes, what? | | | | Child’s Race/Ethnicity:  \_\_\_\_\_ American Indian/Alaska Native  \_\_\_\_\_ Native Hawaiian/Pacific Islander  \_\_\_\_\_ Asian  \_\_\_\_\_ Black/African American  \_\_\_\_\_ White  \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Has your child ever participated in Special Education or had a 504 plan? Yes No | | | | Please list any dates between June 14 and July 30 that you know your child will not be able to attend Freedom School: | | |
| T-Shirt Size:  YS YM YL S M L XL XXL 3X | | | |
| What are some strategies our team can use to best support your child's learning throughout the summer? (ex: needs additional reading help, prefers small groups) | | | Is there anything else that you would like to share about your child? | | | |
| **FAMILY INFORMATION** | | | | | | |
| Last Name of Parent/Guardian: First: Middle: | | | | | | |
| Relation to Child:  \_\_\_\_ Parent  \_\_\_\_ Grandparent  \_\_\_\_ Other Relative  \_\_\_\_ Guardian  \_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Parents living in the child’s home:  Mom only Dad only Mom and Dad None  How many people live in the household? \_\_\_\_\_\_\_\_  Number of children age 6 – 18? \_\_\_\_\_\_\_\_\_  Number of children 5 and under? \_\_\_\_\_\_\_\_ | | | |
| Cell Phone:  Home Phone:  Work Phone: | | | Email Address: | | | |
| **EMERGENCY CONTACT** | | | | | | |
| Last Name: First Name: | | | Cell Phone:  Home Phone:  Work Phone: | | | |
| Is this person authorized to pick up the child you enrolled? Yes No | | |
| Please list the other adults who are authorized to pick up the child you are enrolling in the program. | | | | | | |
| Name: | | Relationship: | | | Cell Phone Number: | |
| 1. | |  | | |  | |
| 2. | |  | | |  | |
| 3. | |  | | |  | |
| 4. | |  | | |  | |

**Parent/Guardian Consent Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian’s Name),   
give permission to Peacemakers of Rocky Mount, Inc. and its designees to collect and record data on my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . This data gathering may include, but is not restricted to, the following:

* Surveys, tests, and/or interviews about his/her/their knowledge, attitudes, skills and behaviors in regard to his/her/their academic development such as motivation to read; nonacademic development such as leadership and conflict resolution skills; and overall satisfaction with the CDF Freedom Schoolprogram.
* Academic assessments and school data from report cards. These will be collected minimally twice: either shortly before the program begins, during the program, or shortly after the program ends.

I understand that the purposes of these surveys, tests, and interviews are to document the impact of the CDF Freedom School program on its participants and to identify areas for improvement. I also understand that this information will remain private, and that only my child(ren)’s site director(s) and research assistants approved by Peacemakers of Rocky Mount, Inc. will be able to look at his/her responses. In addition, I understand I can take back my permission at any time.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSION TO TRANSPORT**

**AND WAVIER OF LIABILITY**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Parent/Guardian) am the Parent/Guardian of the above named participant, and execute this Release on behalf of myself, my spouse, and/or on behalf of any other individual with parental/guardianship interests. I understand that the Child desires to participate with Peacemakers of Rocky Mount, Inc. in various activities provided by the center. I understand that the activities may include, but are not limited to, travel to and from event sites, travel in vehicles owned by Peacemakers of Rocky Mount, Inc., as well as travel in personally owned vehicles of others, moving and lifting heavy objects, cooking and serving food, setup and tear down of equipment, and participation in recreational and sports activities.

I hereby freely, voluntarily, of my own will, in the absence of duress or extenuating circumstances, and after consultation with and approval by my spouse and/or any other individual with parental/guardianship interests execute the following:

1. **Waiver and Release**. I, the Parent/Guardian, on behalf of myself, my spouse, and/or on behalf of any other individual with parental/guardianship interests, agree to release, forever discharge and hold harmless Peacemakers of Rocky Mount, Inc. from any claim that may exist against Peacemakers of Rocky Mount, Inc. for any bodily injury, personal injury, illness, death or property damage that may result from the Child’s participation in any activity. This release shall be interpreted to be as broad in its extent and purpose as the law will allow, including release of any claims arising from Peacemakers of Rocky Mount, Inc.’s negligence. I also understand that Peacemakers of Rocky Mount, Inc. does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage.
2. **Insurance.** Peacemakers of Rocky Mount, Inc. does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for the Participant. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO PARTICIPATING IN AND/OR VOLUNTEERING FOR AN ACTIVITY.
3. **Medical Treatment.** Except as otherwise agreed to by Peacemakers of Rocky Mount, Inc. in writing, I hereby release and forever discharge Peacemakers of Rocky Mount, Inc. from any claim that may arise on account of any first-aid treatment or other medical services rendered in connection with the Child’s participation and/ or service with any Peacemakers of Rocky Mount, Inc. activity.
4. **Indemnification / Assumption of Risk.** I understand that the Child’s participation with Peacemakers of Rocky Mount, Inc. may include activities that may present inherent hazards, including, but not limited to, cooking and food preparation, loading and unloading of heavy equipment and supplies, transportation to and from events, setup and tear down of equipment, and recreational and sport activities. I acknowledge that the Child’s time with Peacemakers of Rocky Mount, Inc., in some situations, may involve inherently dangerous activities. I hereby assume the risk of injury, harm, illness, death, and property damage that may result from said activities. I agree to indemnify Peacemakers of Rocky Mount, Inc. with respect to any liability for injury, harm, illness, death or property damage that may result from the Child’s participation in such activities. I intend this indemnification / assumption of risk to be as broad in its extent and purpose as the law will allow, including assumption of risk and indemnification with respect to any claim that may arise from Peacemakers of Rocky Mount, Inc.’s negligence.

I have read the entire Release, and understand all of the provisions. I understand that I may consult with independent legal counsel before signing this agreement if I have any questions or concerns. I express my agreement with the foregoing provisions by my signature below.

**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Peacemakers of Rocky Mount, Inc. Media Release Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on behalf of myself and my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize and irrevocably grant to Peacemakers of Rocky Mount, Inc. (Peacemakers) and its affiliates, licensees, agents and assigns the unrestricted right to use and publish any part of the information that I have given to Peacemakers and the right to record our names, voices, appearance, likeness and comments on film, videotape, audiotape, still photographs, print and any other media now known or hereafter invented. I acknowledge that Peacemakers shall own all right, title and interest in and to this media. I further agree that CDF may cause all or parts of this media to be used for any and all publications, exhibitions, public displays, editorials, advertising or other purposes. I waive any inspection or approval of the media or any advertising or publicity in which my name, voice, appearance, likeness, narrative, or comments might appear. I expressly release and agree to hold harmless Peacemakers and its agents, employees, licensees and assigns from and against any and all claims including, but not limited to, invasion of privacy that I might ever have in any way relating to my interview or its use.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Closing Statement**

I hereby certify that the statements in this application are correct and true. I understand that my child’s enrollment as a Peacemakers of Rocky Mount, Inc. CDF Freedom Programstudent is based, in part, on the information provided within this application and my agreeing to the terms as outlined in writing by Peacemakers.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return all completed applications to:**

**Peacemakers of Rocky Mount, Inc.**

**2221 W. Raleigh Blvd.**

**Rocky Mount, NC 27803**

**or fax to 252.316-8073**

**For more information, call Peacemakers at 252.212.5044**