



Network for the Development of Children of African Descent

Family Education Center

“PARENT POWER”
Literacy & Advocacy Workshops™

Parent Enrollment Form

Referral Agency (check box) WFS YWCA AVIVO GOODWILL HIRED OTHER

MFIP Case #

Counselors Name:

Parent Information:

Parent First & Last Name: D.O.B: Gender:
Street Address: City: State: Zip:
Email: Cell Phone:
Work/Affiliation (if applicable) Work Phone:

My Ethnicity:

African (country of origin) African American Asia (country of origin)
Latino (country of origin) Native American European Other

Emergency Contact Information: (who we contact in case of emergency)

First & Last Name: Relationship to Parent:
Phone: E-mail Address :

Child/Children Information:

Child's First and Last Name	Age	Grade	Name of School	Has Child Previously Participated in the Sankofa Program?			Does the Child qualify for free or reduced lunch?	
				Sankofa	Yes	No	Yes	No
1.				Sankofa	Yes	No	Yes	No
2.				Sankofa	Yes	No	Yes	No
3.				Sankofa	Yes	No	Yes	No
4.				Sankofa	Yes	No	Yes	No
5.				Sankofa	Yes	No	Yes	No
6.				Sankofa	Yes	No	Yes	No
7.				Sankofa	Yes	No	Yes	No
8.				Sankofa	Yes	No	Yes	No

I give NdCAD permission to record my image or likeness (video, photographs, etc.) during the program.

Initials I understand such recordings will be used in NdCAD promotional materials.

To be completed by NdCAD program staff:

Date of enrollment: Cohort # Start Date: End Date:

Course 1 Course 2