

# Girls Incorporated<sup>®</sup>

## 2017 SUMMER ACADEMY

\_\_\_\_ Entered Into Trax  
Staff Initial

**'Inspiring Girls to be Strong, Smart, and Bold'**

ENROLLING FOR:  Owensboro Christian Campus  Rolling Heights Campus  
2818 Old Hartford Rd 2130G E. 19<sup>th</sup> Street  
(270) 231-0440 (270) 684-7833

### **Member Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

**New** Girls Incorporated Member \_\_\_\_\_ **Returning** Member \_\_\_\_\_ (Approximately How Many Years) \_\_\_\_\_

Referred by: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Race:  Caucasian  African American  Hispanic/Latino  
 Multi-Racial  Asian American  Other Designation

Lives with:  Biological Parent(s)  Mother Only  Father Only  Joint Custody  
 Grandparents  Foster Care  Adoptive Parent  Mother & Stepfather  
 Father & Stepmother  Other Designation

School attending: \_\_\_\_\_ Grade entering: \_\_\_\_\_ Age: 6-8 \_\_\_\_\_ 9-11 \_\_\_\_\_ 12-14 \_\_\_\_\_ 15-18 \_\_\_\_\_  
Number of Different Schools attended in past year \_\_\_\_\_ In Educational Life \_\_\_\_\_

My daughter has expressed interest in becoming: \_\_\_\_\_

I would like for my daughter to have an opportunity to: \_\_\_\_\_

I chose Girls Incorporated because: \_\_\_\_\_

### **Parental/Guardian Information**

single  married  divorced  separated

In case of Emergency please indicate who should be contacted FIRST: \_\_\_\_\_

Mother/ Guardian's Name: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Mother/Guardian Address \_\_\_\_\_

Father/Guardian Address \_\_\_\_\_

Mother/ Guardian's Work Phone: \_\_\_\_\_

Father/Guardian's Work Phone: \_\_\_\_\_

Mother/ Guardian's Home/Cell #: \_\_\_\_\_

Father/Guardian's Home/Cell #: \_\_\_\_\_

Employed by: \_\_\_\_\_

Employed by: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address (es): \_\_\_\_\_

Email Address (es): \_\_\_\_\_

Year Born: \_\_\_\_\_

Year Born: \_\_\_\_\_

Did you attend Girls Inc as a child:  Yes  No Please estimate number of years enrolled and active \_\_\_\_\_

Are you or any member of your family affiliated with a branch of the military? Current  Past

Any comments: \_\_\_\_\_

Highest Level of Education for Primary Parent/Guardian:

less than HS  GED  High School  Skilled Trade  
 Some College  AA Degree  BS/BA Degree  Grad/Prof Degree

**ADDITIONAL CONTACT/PICKUP INFORMATION**

*Other than parents/guardians,*

my daughter/member may be released to:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anyone she may NOT be released to? \_\_\_\_\_?  
If so who? \_\_\_\_\_  
(if above person is a parent, please provide court documentation)

She may leave the premises with parental permission \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION**

Does your family have health and/or accident insurance? \_\_\_  
Health Insurance Company Name: \_\_\_\_\_  
Immunizations up to date? \_\_\_\_\_  
Physicians Name: \_\_\_\_\_ # \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ # \_\_\_\_\_

**SPECIAL CONSIDERATIONS** (may attach additional sheet)

\_\_\_ Learning/Developmental \_\_\_ Mobility  
\_\_\_ Emotional \_\_\_ Visual \_\_\_ Hearing  
\_\_\_ Behavioral \_\_\_ IEP \_\_\_ Other  
Please Explain: \_\_\_\_\_

List all Allergies (including food) and list instructions for staff when an allergic reaction occurs:  
\_\_\_\_\_  
\_\_\_\_\_

Is Member Currently Taking Any Medication? \_\_\_\_\_  
Please List Medications Taken At Home: \_\_\_\_\_

Please List Medications To Be Taken While At Girls Inc. \_\_\_\_\_  
Time Medication is To Be Taken: \_\_\_\_\_

If any over the counter medication is to be taken while at Girls Incorporated, it must be provided to Girls Incorporated in original container with written permission. Phone calls home to receive permission to take medication provided by Girls Inc. will NOT be allowed. (Includes but is not limited to Tylenol, Advil, Midol, etc.)  
\_\_\_\_\_ \*please initial

Has she EVER been under the care of a:  
\_\_\_ Counselor/Mental Health Worker \_\_\_ Social Worker  
For: \_\_\_\_\_

**MEMBERSHIP FEE DETERMINATION**

**Total Annual Household Income:**  
Less than \$10,000 \_\_\_\_\_ \$10,001 to \$15,000 \_\_\_\_\_  
\$15,001 to \$20,000 \_\_\_\_\_ \$20,001 to \$25,000 \_\_\_\_\_  
\$25,001 to \$30,000 \_\_\_\_\_ \$30,001 to \$35,000 \_\_\_\_\_  
\$35,001 to \$40,000 \_\_\_\_\_ \$40,001 to \$45,000 \_\_\_\_\_  
\$45,001 to \$50,000 \_\_\_\_\_ more than \$50,000 \_\_\_\_\_  
**Total # of people living in household:** \_\_\_\_\_  
(sisters \_\_\_ brothers \_\_\_ aunts/uncles \_\_\_ others \_\_\_)

Housing Authority Resident? \_\_\_ Nannie Locke  
\_\_\_ Harry Smith \_\_\_ Rolling Heights \_\_\_ PG Walker

**Lunch Assistance during the past school year?**  
Free Lunch \_\_\_ Reduced Lunch \_\_\_\_\_ (if yes, please provide a verification letter from the Board of Education; **(DCPS- 852-7000 and OPS 686-1000)**)

**MEMBER RELEASE AUTHORIZATION**

I hereby grant the following permission for Girls Incorporated to: **(please initial and sign)**

- take/use photos of my daughter/member for public relations such as Facebook, Instagram, Twitter and other promotional purposes; \_\_\_\_\_
- access educational information, school records, including report cards, attendance records, etc. from schools she attends; \_\_\_\_\_
- include my daughter/member in surveys, focus groups, evaluations and other similar activities that keep her and her responses anonymous; \_\_\_\_\_
- provide van transportation as necessary for fieldtrips; \_\_\_\_\_
- Provide supervised walks to/from nearby fieldtrips, (swimming, schools, parks, etc.) \_\_\_\_\_

and further more;

- I will not hold Girls Incorporated, its board, staff and/or other volunteers responsible for accident or injury during scheduled Girls Incorporated events; release them from any liability; \_\_\_\_\_
- If a medical emergency should arise while my daughter/member is at Girls Incorporated and *I cannot be contacted*, I hereby also give the hospital and/or physicians, as selected by the C.E.O. or Manager on Duty, my permission to hospitalize, treat and to order injections, anesthesia or surgery as necessary for her. \_\_\_\_\_
- I have fully disclosed any and all pertinent information that should be considered for the safety and well being of my child as well as any others at the center. \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**WE ARE SO HAPPY  
THAT YOU HAVE CHOSEN TO JOIN THE GIRLS  
INCORPORATED FAMILY! ☺**

**FOR OFFICE USE ONLY**

Copy of Parent/Daughter Handbook \_\_\_\_\_  
Transportation Method \_\_\_\_\_  
No Bullying Pledge \_\_\_\_\_  
Girls Incorporated Rule Sheet \_\_\_\_\_  
Volunteer Interest \_\_\_\_\_  
Other Considerations: \_\_\_\_\_  
Fee Payment Schedule/Amount: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_ Date \_\_\_\_\_