

Girls Incorporated

2017-2018 AFTER SCHOOL ACADEMY

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

Entered Into Trax Staff Initial

ENROLLING FOR: Owensboro Christian Campus Rolling Heights Campus
2818 Old Hartford Rd 2130G E. 19th 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: _____ 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 _____