



MEYERS CAMP REGISTRATION

For all Boys & Girls attending school in Alameda - Grades K thru 5th
 Camp Times 8:00 a.m. to 6:00 p.m. daily
 1724 Santa Clara Ave. • Alameda, CA • 94501 • (510) 521-1743

**ONE REGISTRATION
 FORM & ONE
 PAYMENT PER CHILD**

Please **PRINT** all information below **CLEARLY** Attending _____ School for 2016-2017

Child's Name: _____, _____ Age: _____ Grade: _____ Birthdate: _____
Last Name First Name

Parent / Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-mail Address: _____

How did you hear about Meyers Camp? _____ Currently attending AIK? circle one YES NO

1st time attending Meyers Camp 16-17 Returning in 16-17

MEYERS CAMP SESSIONS

	Last Day to Register
AUSD Staff Development Day October 10, 2016.....Monday	<input type="checkbox"/> 10/5/16
AUSD Fall Break	
Nov. 21, 2016Monday	<input type="checkbox"/> 11/16/16
Nov. 22, 2016Tuesday	<input type="checkbox"/> 11/16/16
Nov. 23, 2016Wednesday	<input type="checkbox"/> 11/16/16
AUSD Winter Break	
December 22Thursday	<input type="checkbox"/> 12/19/16
December 23Friday	<input type="checkbox"/> 12/19/16
December 27Tuesday	<input type="checkbox"/> 12/19/16
December 28Wednesday	<input type="checkbox"/> 12/19/16
December 29Thursday	<input type="checkbox"/> 12/19/16
December 30Friday	<input type="checkbox"/> 12/19/16
January 3, 2017Tuesday	<input type="checkbox"/> 12/19/16
January 4Wednesday	<input type="checkbox"/> 12/19/16
January 5Thursday	<input type="checkbox"/> 12/19/16
January 6Friday	<input type="checkbox"/> 12/19/16

	Last Day to Register
Lincoln Day February 17Friday	<input type="checkbox"/> 2/14/17
AUSD Spring Break	
April 3Monday	<input type="checkbox"/> 3/29/17
April 4Tuesday	<input type="checkbox"/> 3/29/17
April 5Wednesday	<input type="checkbox"/> 3/29/17
April 6Thursday	<input type="checkbox"/> 3/29/17
April 7Friday	<input type="checkbox"/> 3/29/17

- **FIRST COME, FIRST SERVED & SPACE IS LIMITED!**
- **Registration Deadline is 3 business days before camp session begins.**
- **Any changes to previously registered days, including cancellations or transfer of days, must be made 10 business days in advance of Last Day of Registration for the camp session and in writing. Only 1/2 may be refunded upon proper cancellations.**

STAFF USE ONLY

Total Paid \$ _____

Date _____

Time of Day _____

Receipt # _____

Staff Initial _____

P.D. _____

_____ # of days X \$50 = \$ _____
 Make checks payable to:
GIRLS INC.

Bring your registration forms to one of our 6 CONVENIENT LOCATIONS Alameda Island Kids Sites

(registration taken from 7:00 to 8:30 a.m. & 5:00 to 6:00 p.m. daily)

BAY FARM SCHOOL
 200 Aughinbaugh Way
 Alameda, CA 94502
 MPR
 (510) 769-7426

EARHART SCHOOL
 400 Packet Landing Rd.
 Alameda, CA 94502
 Rooms 56 & 57
 (510) 769-8545

EDISON SCHOOL
 2700 Buena Vista Ave.
 Alameda, CA 94501
 Room 1 & MPR
 (510) 769-1975

FRANKLIN SCHOOL
 1433 San Antonio Avenue
 Alameda, CA 94501
 MPR & Room 16
 (510) 521-0121

LUM SCHOOL
 1801 Sandcreek Way
 Alameda, CA 94501
 Portable A
 (510) 522-4729

OTIS SCHOOL
 .3010 Fillmore Street
 Alameda, CA 94501
 Room 116 & MPR
 (510) 523-6510

Registration taken from 7:00 to 8:30 a.m. & 5:00 to 6:00 p.m. daily

Any registration form received before the 5:00 p.m. registration time will be time stamped at 6:00 p.m. and in the order they were received.

All fees are due upon registration.

Forms received without payment will not be given a date/time and processed until payment is received, and may result in days being unavailable.



You are only required to fill out this info the first time you register your child during the 2016-2017 school year or unless there are changes.

Liability Agreement Release

(required for participation)

I hereby authorize, as parent or legal guardian, for my child to participate in Girls Inc. Programs. In consideration for this participation, I do hereby, for myself and my heirs and assigns, release and agree to indemnify and hold harmless Girls Inc. of the Island City, its employees and volunteers from all liability, loss, claim, demand, action or cause of action which arises or may arise or be occasioned in any way by such participation. I also release and hold harmless Girls Inc. of the Island City, its employees and volunteers from all liability, loss or claim which may occur in transporting my child for the purposes of participating in any Girls Inc. activities.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Field Trip Permission

(required for participation)

I grant permission for my child to attend all field trips and I hereby give my permission to the physician selected by the adult leader in charge to provide any necessary medical attention. All children must attend field trips. No on-site supervision will be provided.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Media/Photo Release

(optional)

I hereby authorize Girl Inc. of the Island City, its agents and others working for it or on its behalf to use my child's image/likeness/voice/artwork/writing in still photos, slides video productions, radio coverage, television coverage, interviews, testimonials and/or any other media purposes, including Girls Inc. website, for promoting and representing Girls Inc. and its programs, and do hereby grant and convey unto Girls Inc. all rights, title, and interest in the above media including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name



You are only required to fill out this info the first time you register your child during the 2016-2017 school year or unless there are changes.

PLEASE PRINT ALL OF THE INFORMATION BELOW

Child's Last Name: _____ First Name: _____ Birthdate: _____ Age: _____

Special Medical Limitations: _____

Allergies to

Food: _____

Medicine: _____

Other: _____

Please List ALL medications (including OTC) taken by your child: _____

Check all that apply

Special Disabilities: Learning Developmental Emotional Visual Hearing Mobility

Other Special Needs: _____

Parent/Guardian - Please read and sign: I give my permission to obtain all emergency medical or dental care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O) or Dentist (D.D. S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

Parent/Guardian Signature _____ Date _____ Dentist Name & Phone Number _____

Medical Insurance & Coverage Number _____ Physician Name _____ Physician's Phone Number _____

EMERGENCY AND IDENTIFICATION INFORMATION

Attending _____ School _____ School Year: 20 ____ - 20 ____

PLEASE PRINT ALL OF THE INFORMATION BELOW

Child's Last Name: _____ First Name: _____ Birthdate: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ Work Phone: (____) _____ Home Phone: (____) _____

Address: _____ City: _____ Zip Code: _____ Cell Phone: (____) _____

Parent/Guardian Name: _____ Work Phone: (____) _____ Home Phone: (____) _____

Address: _____ City: _____ Zip Code: _____ Cell Phone: (____) _____

In addition to the parents/guardians, the following adults (18 years and older) are authorized to take this child from the facility. These names will also serve as emergency contacts. These contacts must be reachable and available for immediate pick-up or response.

Name	Phone	Name	Phone
1. _____	(____) _____	3. _____	(____) _____
2. _____	(____) _____	4. _____	(____) _____

Based on court documents on file at site

DO NOT RELEASE - My child should NEVER be released to: _____

Parent/Guardian Other: _____

Parent/Guardian Signature _____ Date _____

STAFF USE ONLY	_____
	Initial _____ Date _____



You are only required to fill out this info the first time you register your child during the 2016-2017 school year or unless there are changes.

This information will be kept anonymously and in confidence. It will be used strictly for statistical data reports to Girls Inc. National Organization and potential funders.

Thank you for your help.

My Child's Name: _____

Please mark all appropriate boxes.

AGE

- 6 to 8 12 to 14
- 9 to 11 15 to 18

MY CHILD QUALIFIES FOR

- Free Lunch
- Reduced Lunch

FAMILY CONFIGURATION

- Living with two parents
- Living with mother only
- Living with father only
- Living with one parent at a time (joint custody)
- Living with parent & step-parent
- Living with neither parent

ETHNICITY

- Multi-ethnic
- Asian American
- Black / African American
- Native American
- White / Causasian
- Hispanic/Latin
- Pacific islander
- Filipino
- Other: _____

PRIMARY LANGUAGE SPOKEN IN THE HOME

- English Spanish
- Farsi Mandarin
- Tagolog Vietnamese
- Other: _____

RESIDENCE AREA

- Alameda San Lorenzo
- Oakland Livermore
- Castro Valley Hayward
- San Leandro Berkeley
- Other: _____

ANNUAL HOUSEHOLD INCOME

- Below \$10,000 _____
- \$10,000 to \$20,000 _____
- \$20,000 to \$30,000 _____
- \$30,000 to \$40,000 _____
- \$40,000 to \$50,000 _____
- \$50,000 to \$60,000 _____
- \$60,000 to \$70,000 _____
- \$70,000 to \$80,000 _____
- \$80,000 to \$90,000 _____
- \$90,000 to \$100,000 _____
- over \$100,000 _____

NUMBER IN HOUSEHOLD

ARE ANY IMMEDIATE FAMILY MEMBERS ACTIVE DUTY MILITARY PERSONNEL?

- YES NO

PLEASE LIST MEDICAL, PHYSICAL OR EMOTIONAL CONDITIONS (inc. disabilities).
