



2017-18 School Year

Girl/Participant Name _____

Girl/Participant Birth Date _____

Parent/Guardian 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 girl’s image/likeness/voice/artwork/writing in still photos, slides video productions, radio coverage, television coverage, interviews, testimonials 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 _____

Social 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 daughter’s image/likeness/voice/artwork/writing in still photos, slides video productions on Girls Inc. of the Island City’s accounts on social media sites (Facebook, Twitter, etc) 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 _____

Liability Agreement Release - Required for Participation

I hereby authorize, as parent or legal guardian, for my girl 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 Incorporated 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 _____

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
_____	(____) _____	_____	(____) _____
_____	(____) _____	_____	(____) _____

ALTERNATIVE CHECKOUT OPTIONS

- Leave-on-your-own Plan [for girls 10 years old and older]-** My girl has permission to have a staff member sign her out at the end of the day and she will then transport herself home. Girls on this plan leaving before 5:30 p.m. must give the Program Director or staff a note from her parent/guardian stating what time she is leaving. See Parent/Guardian Handbook for more information.
- Do Not Release - Based on court documents on file at Girls Inc.,** my girl should NEVER be released to:

Parent/Guardian Signature _____ Date _____

HEALTH INFORMATION

Is there anything we should know about your daughter that will help us provide her with the best and safest possible experience? _____

Special Medical Limitations: _____

Allergies to: (If "none" please write in none)

Food: _____

Medicine: _____

Other: _____

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

Special Disabilities: Learning Developmental Emotional Visual Hearing Mobility

Other Special Needs: _____

Medical Insurance Name _____ Physician Name _____ Dentist Name _____

Medical Insurance Coverage Number _____ Physician's Phone Number _____ Dentist's Phone Number _____

Parent/Guardian - Please read and sign: I give 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 _____

STAFF	
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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 Girl's Name: _____

Please mark all appropriate boxes.

AGE

- | | |
|-----------------------------|--------------------------------|
| <input type="checkbox"/> 6 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 13-15 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 16-18 |
| <input type="checkbox"/> 10 | |

MY GIRL 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 (e.g grandparent, foster parent, etc)

ETHNICITY

- Multi-ethnic Filipina
- Asian American
- Black / African American
- Native American
- White / Caucasian
- Hispanic/Latina
- Pacific Islander
- Other: _____

PRIMARY LANGUAGE SPOKEN IN THE HOME

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Tagolog | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other: _____ | |

RESIDENCE AREA

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> San Lorenzo |
| <input type="checkbox"/> Oakland | <input type="checkbox"/> Livermore |
| <input type="checkbox"/> Castro Valley | <input type="checkbox"/> Hayward |
| <input type="checkbox"/> San Leandro | <input type="checkbox"/> Berkeley |
| <input type="checkbox"/> Other: _____ | |

NUMBER LIVING IN HOUSEHOLD _____

ANNUAL HOUSEHOLD INCOME

- | | |
|---|--|
| <input type="checkbox"/> Below \$10,000 | <input type="checkbox"/> \$10,000 to \$15,000 |
| <input type="checkbox"/> \$15,000 to \$20,000 | <input type="checkbox"/> \$20,000 to \$25,000 |
| <input type="checkbox"/> \$25,000 to \$30,000 | <input type="checkbox"/> \$30,000 to \$40,000 |
| <input type="checkbox"/> \$40,000 to \$50,000 | <input type="checkbox"/> \$50,000 to \$60,000 |
| <input type="checkbox"/> \$60,000 to \$70,000 | <input type="checkbox"/> \$70,000 to \$80,000 |
| <input type="checkbox"/> \$80,000 to \$90,000 | <input type="checkbox"/> \$90,000 to \$100,000 |
| <input type="checkbox"/> \$100,000 and above | |

ARE ANY IMMEDIATE FAMILY MEMBERS ACTIVE DUTY MILITARY PERSONNEL?

- Yes No

PLEASE LIST ANY MEDICAL, PHYSICAL, OR EMOTIONAL CONDITIONS (INCLUDING DISABILITIES)

