



of the Island City

## **2018 – 2019 Girls Program Enrollment Packet**

### **This packet contains the following documents:**

- Instruction Sheet
- Photo and Liability Agreement Release Form
- Emergency and Health Information
- Census Report

### **Step by Step Instructions for Completion**

1. Download the packet from the Girls Inc. of the Island City website
2. Save the file to your computer
3. Enter the necessary information on all forms
4. Save the file frequently and once you have finished entering all the information
5. Print all three forms (exclude direction page)
6. Sign each form where applicable
7. Bring the completed and signed forms with you to in-person enrollment
8. The Enrollment Agreement and Transportation forms will be given in-person at time of enrollment. These are three-part forms that need to be filled out and signed.



2018-19 School Year

Girl/Participant Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

**Media and 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, Instagram, etc.) including Girls Inc. website, and 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 \_\_\_\_\_

**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 PROVIDE 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: (\_\_\_\_) \_\_\_\_\_

**(if different from address above)**

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:

\_\_\_\_\_

\_\_\_\_\_

**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.

X \_\_\_\_\_ date \_\_\_\_\_

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_