

GIRLS INC. TEEN PROGRAM REGISTRATION

**ONE
REGISTRATION
FORM PER TEEN**

School Year 2017-18 • For girls 6th thru 12th grade
1724 Santa Clara Ave. • Alameda, CA • 94501 • (510) 521-1743 ext. 208

Please **PRINT** all information below **CLEARLY**

Entering Grade: _____ 2017-18

Girl's Name: _____ , _____ Home Phone: (_____) _____
Last Name First Name

Address: _____ City: _____ Zip Code: _____

Birthdate: ____ / ____ / ____ Age: ____ Grade: ____ School: _____

Parent / Guardian Name: _____

Address: _____ City: _____ Zip Code: _____
(If different from girl's)

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

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

How did you hear about Girls Inc.? _____

Which Workshops Are You Interested In Attending?:

- Academic Skills and Career Readiness: Oct. 3, Oct. 10, Oct. 17, Oct. 24, Oct. 31
- Artsy Girl Studio: Nov. 7, Nov. 14, Nov. 28, Dec. 5, Dec. 12, Dec. 19
- Super Girl: Jan. 9, Jan. 16, Jan. 23, Jan. 30, Feb. 6, Feb. 13
- Fashion with Compassion: Feb. 20, Feb. 27, Mar. 6, Mar. 13, Mar. 20, Mar. 27, Apr. 10
- Girls on the Go!: Apr. 17, Apr. 24, May 1, May 8, May 15, May 22

Do you plan on joining any of our Friday Teen Committees, with more casual activities and even more opportunities for community involvement?

- Yes
- No

If you are participating in a Girls Inc. Outreach Program on your school campus please list the following:

School _____ Girls Inc. Program _____

DROP OFF/PICK UP

All Programs will take place at the Girls Inc. Meyers Center, 1724 Santa Clara Ave, Alameda, unless otherwise noted. Pick up for all programs is at 5:30pm. If you indicate on the Emergency and Health Information Form, your daughter can leave Girls Inc. on her own once program is finished. The Meyers Teen Program ends promptly at 5:30pm.

I understand and agree to the information listed above.

Parent or Guardian Signature _____

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"/> 9 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 10 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 11 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 18 |

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"/> Tagalog | <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)

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 once Sailing Camp is over and she is returned to the Girls Inc. Meyers Center .
- 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

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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Girls Incorporated® of the Island City
Media/Photo Release

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, 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.

Signature _____ Date _____

Girls Incorporated® of the Island City
Social Media/Photo Release

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.

Signature _____ Date _____

Girls Incorporated® of the Island City
Liability Agreement Release-required for participation

I hereby authorize, as parent or legal guardian, for _____ 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 (please print) _____

Parent/Guardian (signature) _____ Date _____



Girls Incorporated®
of the Island City

Transportation Permission - Required for Participation

I give my permission for _____, to drive with the Girls Inc. staff for the after school program, field trips, excursions and special events. I understand that my girl must be at the designated meeting location 10 minutes after school lets out (by 3:20pm on Tuesdays), in order to ride with the group. **If she is not at the meeting location on time, Girls Inc. is not responsible for transporting her to the Girls Inc. facility.**

I grant permission for _____ to attend all Girls Incorporated of the Island City Teen Program field trips and I hereby give my permission to the physician selected by the adult leader in charge to provide any necessary medical attention.

If my daughter will not attend program on a scheduled pick up day, I will call the Teen Program Director at 510-521-1743 ext. 208 by 2:00pm the day of pick up or before, so she is not waiting for my daughter.

Parent/Guardian (signature)

Date _____