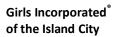
Girls Incorporated® of the Island City

### TEEN PROGRAM REGISTRATION

School Year 2021-22 For Girls 6th - 12th Grade 1724 Santa Clara Ave. • Alameda, CA • 94501 • (510) 521-1743 ext. 208 ONE REGISTRATION FORM PER TEEN

Please PRINT all information below CLEARLY Entering Grade: \_\_\_\_\_ 2021-22 Girl's Name: \_\_\_\_\_ City:\_\_\_\_\_ Zip Code:\_\_\_\_\_ Address: Birthdate: \_\_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_ Parent / Guardian Name: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Address: (If different from girl's) Home Phone: ( \_\_\_\_\_) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_) \_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_ How did you hear about Girls Inc. of the Island City? In which program/s will you be participating? Passport to Success (6 - 12) Girls United Online (9 - 12) Ethical Fashion Show (6 - 12) Volunteer Work Other: If you are participating in Girls Inc. of the Island City's 'Girls Group' Outreach Program on your school campus, please list your school: DROP OFF/PICK UP All Programs will take place at Girls Inc. of the Island City 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. of the Island City on her own once the program is finished. The Meyers Teen Program ends promptly at 5:30pm. I understand and agree to the information listed above. Date Parent or Guardian Signature Please sign electronically.



# girls inc.

## MEYERS CENTER Census Report 2021-2022

This information will be kept anonymously and in				PRIMARY LANGUAGE SPOKEN IN THE HOME					
confidence. It will be used strictly for statistical data reports to Girls Inc. National Organization and poten-						English		Spanish	
tial funders. Thank you for your help.						Farsi		Mandarin	
My Girl's						Tagolog		Vietnamese	
Name:						Other:			
Please m	nark	all appropriate boxes.		L	COIDE				
AGE	1	6 🗆	11	K		NCE AREA Alameda		San Lorenzo	
	_	7	12			Oakland		Livermore	
		8	13-15			Castro Valley			
	]	9	16-18			San Leandro		Hayward Berkeley	
	]	10						_	
MY GI	IRI	L QUALIFIES FOR				Other:			
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<b>-</b> A B411	v	CONFIGURATION			OWIDE	IN LIVING IN TIC	JUJLI		
FAMIL	_ Y <b>-</b> 7	CONFIGURATION			NINII I A I	HOUSEHOLD	INICOM	E	
L		Living with two parents  Living with mother only			ANNUAL HOUSEHOLD INCOME  ☐ Below \$10,000 ☐ \$10,000 to \$15,000				
_	_					5,000 to \$20,000		0,000 to \$15,000 0,000 to \$25,000	
	]	Living with father only		ן ן	_	5,000 to \$20,000 5,000 to \$30,000	_	0,000 to \$25,000 0,000 to \$40,000	
	]	Living with one parent a (joint custody)	t a time		_	,000 to \$50,000		0,000 to \$60,000	
	]	Living with parent & step	o-parent	1	<b>二</b> \$60	,000 to \$70,000	<b>□</b> \$7	0,000 to \$80,000	
	J	Living with neither parer	nt	<u>ן</u>		,000 to \$90,000	<b>□</b> \$9	0,000 to \$100,000	
ETHN					<b>□</b> \$10	0,000 and above			
	J	Multi-ethnic		N	мотн	ER'S HIGHEST E	DUCA	TION LEVEL	
_	٦	Asian American		(	(Please	e list)			
_	_ 7	Black / African Americar	n						
_	7	Native American						<del></del>	
-		White / Caucasian				NY IMMEDIATE FAMIL PERSONNEL?	Y MEMB	ERS ACTIVE MILI-	
-	_, _				□ Ye	es 🗖	No		
L		Hispanic/Latina			PLEAS	SE LIST ANY MEDICAL, PHYSICAL, OR			
L		Pacific Islander				ONAL CONDITIONS (I			
	J	Filipina							
				1					

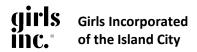


## **EMERGENCY & HEALTH INFORMATION**

Girls Incorporated® of the Island City

#### PLEASE PRINT ALL OF THE INFORMATION BELOW

Child's Last Name:		First Name:		Birthdate:	Age:	Grade:
Parent/Guardian Name:		Work Phone: (	)	Hor	ne Phone: (	.)
Address:		City:	Zip Code	: Ce	ell Phone: (	.)
Parent/Guardian Name:		Work Phone: (	)	Hor	me Phone: (	.)
Address:	City:	Zip Code	: Ce	Cell Phone: (	)	
In addition to the parents/guardians, the contacts. These contacts must be real Name				child from the facili	ty. These names wi	Il also serve as emergency
	_ ()		<del></del>		()	
	_ ()				()	
ALTERNATIVE CHECKOUT OPTION	NS .					
□Do Not Release - Base	a on court docum	ents on me at Giris			released to.	
Parent/Guardian Signature Please sign electronically HEALTH INFORMATION Is there anything we should know	I	Date r that will help us prov	ride her with the	best and safest po	ossible experience	÷?
Special Medical Limitations:						
Allergies to Food:						
Medicine:						
Other:						
Please List ALL medications (inclu	uding OTC) taken by	your child:				
Special Disabilities:   Lea	rning	relopmental	Emotional	☐ Visual	☐ Hearing	☐ Mobility
Other Special Needs:						
Medical Insurance Name		Physician Name		De	entist Name	
Medical Insurance Coverage Number	r	Physician's Phone Nur	nber	De	entist's Phone Numb	 per
Parent/Guardian - Please read and s or Dentist (D.D.S.) for my child. This of						
Parent/Guardian Signature  Please sign electronically	······································	Date			STAFF	



Girls Incorporated					
of the Island City	Girl/Participant Name				
	Girl/Participant Birth Date				
	Parent/Guardian Name				
	Media/Photo Release				
voice/artwork/writing in still photos, slides v any other media purposes, including Girls In and its programs, and do hereby grant and co	v, its agents and others working for it or on its behalf to use my girl's image/likeness/ideo productions, radio coverage, television coverage, interviews, testimonials and/or c. website and Girls Inc. social media sites, for promoting and representing Girls Inc. onvey unto Girls Inc. all rights, title, and interest in the above media including but not enefits derived from such photographs or recordings.				
Parent/Guardian (signature)	Date				
For all sections, please sign electronically					
	Social Media/Photo Release				
voice/artwork/writing in still photos, slides v (Facebook, Twitter, etc) including Girls Inc.	y, its agents and others working for it or on its behalf to use my daughter's image/likeness ideo productions on Girls Inc. of the Island City's accounts on social media sites website, for promoting and representing Girls Inc. and its programs, and do hereby grant d interest in the above media including but not limited to, any royalties, proceeds, or othe cordings.				
Signature	Date				
Liability A	Agreement Release - Required for Participation				
participation, I do hereby, for myself and my of the Island City, its employees and voluntee arise or be occasioned in any way by such par	n, for my girl to participate in Girls Inc. Programs. In consideration for this heirs and assigns, release and agree to indemnify and hold harmless Girls Incorporated res from all liability, loss, claim, demand, action or cause of action which arises or may ricipation. I also release and hold harmless Girls Inc of the Island City, its employees which may occur in transporting my child for the purposes of participating in any Girls				
and volunteers from all liability, loss or claim Inc. activities.					

#### Field Trip Permission - Required for Participation

I grant permission for my girl 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 girls must attend field trips. No on-site supervision will be provided.

Parent/Guardian (signature)	Date
archi/ Guardian (Signature)	Date