



# 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 and in INK** Attending \_\_\_\_\_ School for 2019-2020

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? \_\_\_\_\_ circle one  
 Currently attending **AIK**? YES NO  
 Currently Attending **Girls Program**? YES NO  
 New to **Meyers Camp**? YES NO

## MEYERS CAMP SESSIONS

	Last Day to Register
<b>AUSD Staff Development Day</b> Oct. 11, 2019 ..... Friday .....	10/8/19
<b>AUSD Fall Break</b>	
Nov. 25, 2019 ..... Monday .....	11/20/19
Nov. 26, 2019 ..... Tuesday .....	11/20/19
Nov. 27, 2019 ..... Wednesday .....	11/20/19
<b>AUSD Winter Break</b>	
December 23 ..... Monday .....	12/18/19
December 24 ..... Tuesday .....	12/18/19
closed Wed., December 25, 2019	
December 26 ..... Thursday .....	12/18/19
December 27 ..... Friday .....	12/18/19
December 30 ..... Monday .....	12/18/19
December 31 ..... Tuesday .....	12/18/19
closed Wed., January 1, 2020	
January 2 ..... Thursday .....	12/18/19
January 3 ..... Friday .....	12/18/19
<b>AUSD Staff Development Day</b> January 10 ..... Friday .....	1/7/20

	Last Day to Register
<b>AUSD President Week</b>	
February 18 ..... Tuesday .....	2/12/20
February 19 ..... Wednesday .....	2/12/20
February 20 ..... Thursday .....	2/12/20
February 21 ..... Friday .....	2/12/20
<b>AUSD Spring Break</b>	
March 30 ..... Monday .....	3/25/20
March 31 ..... Tuesday .....	3/25/20
April 1 ..... Wednesday .....	3/25/20
April 2 ..... Thursday .....	3/25/20
April 3 ..... Friday .....	3/25/20

- **FIRST COME, FIRST SERVED & SPACE IS LIMITED!**
- 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 of the daily rate may be refunded upon proper cancellations.

\_\_\_\_\_ X \$60 = \$ \_\_\_\_\_  
# of days Make checks payable to:  
**GIRLS INC.**

**STAFF USE ONLY**

Total Paid \$ \_\_\_\_\_

Date \_\_\_\_\_

Time of Day \_\_\_\_\_

Receipt # \_\_\_\_\_

Staff Initial \_\_\_\_\_

P.D. \_\_\_\_\_

New File  Returning File

## Bring your registration forms to one of our 5 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  
 Room 2 & 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\

**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.**



**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 2019-2020 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.

Table with 4 columns: Name, Phone, Name, Phone. Rows 1-4 for emergency contacts.



Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Based on court documents on file at site

[ ] DO NOT RELEASE - My child should NEVER be released to: \_\_\_\_\_

- [ ] Parent/Guardian [ ] Other: \_\_\_\_\_

STAFF USE ONLY Initial \_\_\_\_\_ Date \_\_\_\_\_



You are only required to fill out this info the first time you register your child during the 2019-2020 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 19

**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**

**NUMBER IN HOUSEHOLD**

- 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                        \_\_\_\_\_

**ARE ANY IMMEDIATE FAMILY MEMBERS ACTIVE DUTY MILITARY PERSONNEL?**

- YES                               NO

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_