

TEEN PROGRAM REGISTRATION

**ONE
REGISTRATION
FORM PER TEEN**

School Year 2019-20 For Girls 6th - 12th Grade
1724 Santa Clara Ave. • Alameda, CA • 94501 • (510) 521-1743 ext. 208

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

Entering Grade: _____ 2019-20

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. of the Island City? _____

Which Workshops Are You Interested In Attending?:

- Smart Chefs: Sep. 10, Sep. 17, Sep. 24, Oct. 1, Oct. 8
- Frida Kahlo's Art Club: Oct. 15, Oct. 22, Oct. 29, Nov. 5, Nov. 12, Nov. 19
- Boss Girls: Dec. 3, Dec. 10, Dec. 17, Jan. 7, Jan. 14
- Self-Love Bugs: Jan. 21, Jan. 28, Feb. 4, Feb. 11, Feb. 25
- Ethical Fashion Show: Mar. 3, Mar. 10, Mar. 17, Mar. 24, Apr. 7, Apr. 14
- Bold Scientists: Apr. 21, Apr. 28, May 5, May 12, May 19, May 26

Do you plan on joining C.A.R.E. Team Fridays where you can be a part of a creative group that will give back to the community while having fun and earning service hours for school?

- Yes
- No

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

School _____ Girls Inc. of the Island City Program _____

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.

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.

<i>Name</i>	<i>Phone</i>	<i>Name</i>	<i>Phone</i>
_____	(_____) _____	_____	(_____) _____
_____	(_____) _____	_____	(_____) _____

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.

Do Not Release - Based on court documents on file at Girls Inc. of the Island City, 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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of the Island City

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. of the Island City website, for promoting and representing Girls Inc. of the Island City and its programs, and do hereby grant and convey unto Girls Inc. of the Island City 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. of the Island City website, for promoting and representing Girls Inc. of the Island City and its programs, and do hereby grant and convey unto Girls Inc. of the Island City all rights, title, and interest in the above media including but not limited to, any royalties, proceeds, or other benefits derived from such photo-graphs 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. of the Island City 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 trans-orting my child for the purposes of participating in any Girls Inc. of the Island City activities.

Parent/Guardian (please print) _____

Parent/Guardian (signature) _____ Date _____



of the Island City

Transportation Permission - Required for Participation

I give my permission for _____, to drive with the Girls Inc. of the Island City 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 Incorporated of the Island City is not responsible for transporting her to our 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 _____

STRONG, SMART & BOLD OUTCOMES SURVEY CONSENT FORM
Teen, ages 13-18



As part of a larger initiative, Girls Inc. of [The Island City](#) is taking part in the **Strong, Smart & Bold Outcomes Survey**. The survey will take place in Girls Inc. organizations across the United States and Canada and asks girls questions about topics such as nutrition, mental and physical health, school engagement and grades, leadership and relationship skills, risky behaviors like alcohol, tobacco, and drug use, sexual activity, and her experience at Girls Inc.

The survey takes 35-40 minutes to complete.

The survey has been designed to be taken on-line, and will cause little or no risk to your daughter. The only potential risk is that some girls may find certain questions sensitive, like questions about alcohol, drugs or sexual behaviors. Girls will not put their names on the survey, and no one at Girls Inc. of [The Island City](#) will see girls' individual answers. A code will be used instead of girls' names. Your daughter's survey answers will be added to those from other girls' surveys so that we can better understand what Girls Inc. is like for her and for other girls across the U.S. and Canada. Further, no individual girl or organization will ever be mentioned by name in a report of the results. All information from the survey is being used to assess the wellbeing of Girls Inc. members and will be kept completely confidential. Girls Inc. and its evaluators, the Department of Health and Human Services, and Advarra IRB may have access to the survey data, but never in a way that can identify your daughter.

Your daughter will get no direct benefit right away from taking part in the survey. The results of the survey will help you or your daughter and other Girls Inc. girls in the future by assisting the national Girls Inc. organization to develop programming and activities that best meet girls' needs.

We would like all selected girls to take part in the survey, but the survey is completely voluntary, and no one is required to participate. Girls may answer some, none, or all of the questions. Girls may also stop taking the survey at any point. There will be no loss of benefits to you or your daughter if you decide not to take part of to stop taking the survey.

There is no payment or cost for taking part in the survey.

For more information, you may contact [Lissa Merit](#) at imerit@girlsincislandcity.org or (510) 521-1743 x225

If you would like to see the survey, a review copy is available at [the Girls Inc. office, 1724 Santa Clara Avenue Alameda,](#)

_____.

Please complete the section below and return it by [Click here to enter a date](#).

If you have additional questions or concerns about the survey, please contact Dr. Cristin Rollins, National Director of Research & Evaluation at Girls Inc., at crollins@girlsinc.org or [317] 634-7546 X130. This study has been reviewed by an Institutional Review Board (IRB) to help ensure that your or your daughter's rights and welfare are protected and that this study is carried out in an ethical manner. For questions about your or your daughter's rights as a research subject, contact Advarra IRB at adviser@advarra.com or. [877] 992-4724 (toll free).

Thank you.

I have read this form and know what the survey is about.

Girl's Name: _____ Girl's Age: _____

SIGN if age 18: _____ Date: _____

I have read this form and know what the survey is about.

PLEASE CHECK ONE OF THE BELOW:

- Yes, my daughter may participate in the survey.
- No, my daughter may NOT participate in the survey.

Parent/Guardian name: _____ Parent/Guardian signature: _____
PRINT SIGN

Date: _____