1724 Santa Clara Ave. • Alameda, CA • 94501 • (510) 521-1743         Please PRINT all information below CLEARLY       Entering Grade:2020-2021         Girl's Name:			Gi	rls Incorporated <sup>®</sup> of th	e Isla	nd City		
Girl's Name:	•			DRM	ONE REGIS FORM & PAYMENT P	TRATION S ONE PER CHILD		
Parent / Guardian Name:	Please PRINT all information below CLEARLY			Entering Grade:	2020-2021			
Parent / Guardian Name:	Girl's Name:					Age:	Birthdate:	
Address:	Last Na	ame		First Name				
E-mail Address:	Parent / Guardian I	Name:						
Fail Quarter - September 21-December 18, 2020         Fail Quarter - September 21-December 18, 2020         Payment schedule:         Test payment of \$1180 due - when your registration form has been confirmed         Calculater Payment of \$1180 due - when your registration form has been confirmed         Payment of \$1180 due - November 2, 2020 by 4pm         If payment is not received by Nov. 2, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by       Payment base available during girls sign in add sign out times.         Nov. 6, program cancellation will begin Nov. 9 until payment is received. <i>Calculate</i> 1223 Sol late fee will be charged on your account. If quarterly payment and late fee is not paid in full by         payment is not received by Dec. 4, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by       Payment is not received by Dec. 4, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by       Payment is not received by Dec. 4, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by         Dec. 7, program cancellation will begin Dec. 10 until payment is received.         Please note Girls Inc. will be closed on the following days:         Yuednessing a guarter in full or by payment schedule.         Subtortal s         Su	Address:				City:		Zip Code:	
Fail Quarterly fee- \$3540       Payment schedule:         Payment schedule:       Payment of \$1180 due - when your registration form has been confirmed         2nd Payment of \$1180 due - November 2, 2020 by 4pm       Fees note first payment is not received by Nov. 2, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by       Payment is not received by Nov. 2, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by         You for \$1180 due-December 1, 2020 by 4pm       If payment is not received by Dec. 4, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by       Permets are due in full on or before the schedule due date.         You for \$1180 due-December 1, 2020 by 4pm       If payment is not received by Dec. 4, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by       Permot Same and in writing to Natalie Duarte at nuarte@distincislandcity.org         Please note Ciris Inc. will be closed on the following days:       Wednesday, November 11 (Veteran's Holday), November 23-25 (Fail Break)         Please note Ciris Inc. will be closed on the following days:       TOTAL         % Subtortal       \$         Si, 540       \$         Si, 540       \$         If PAYING WITH CREDIT CARD. ND 0.031 FEE \$       \$         (multiply SUBTOTAL by 0.031)       \$         TOTAL (due with this form) \$       \$         TOTAL (	E-mail Address: School:							
Fail Quarterly fee- \$3540       Payment schedule:         Payment schedule:       Payment of \$1180 due - when your registration form has been confirmed         2nd Payment of \$1180 due - November 2, 2020 by 4pm       Fees note first payment is not received by Nov. 2, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by       Payment is not received by Nov. 2, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by         You for \$1180 due-December 1, 2020 by 4pm       If payment is not received by Dec. 4, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by       Permets are due in full on or before the schedule due date.         You for \$1180 due-December 1, 2020 by 4pm       If payment is not received by Dec. 4, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by       Permot Same and in writing to Natalie Duarte at nuarte@distincislandcity.org         Please note Ciris Inc. will be closed on the following days:       Wednesday, November 11 (Veteran's Holday), November 23-25 (Fail Break)         Please note Ciris Inc. will be closed on the following days:       TOTAL         % Subtortal       \$         Si, 540       \$         Si, 540       \$         If PAYING WITH CREDIT CARD. ND 0.031 FEE \$       \$         (multiply SUBTOTAL by 0.031)       \$         TOTAL (due with this form) \$       \$         TOTAL (								
If payment is not received by Nov. 2, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by Nov. 6, program cancellation will begin Nov. 9 until payment is received.       If you foresee not being able to make your payment, please contact Director of Elementary Programs, Natalie Duarte at nduarte@girlisnicislandcity.org         3rd payment of \$1180 due-December 1, 2020 by 4pm       If you foresee not being able to make your payment, please contact Director of Elementary Programs, Natalie Duarte at nduarte@girlisnicislandcity.org         If payment is not received by Dec. 4, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by       ReFUND POLICY & PROCESSING         Dec. 7, program cancellation will begin Dec. 10 until payment is received.       RefUND POLICY & PROCESSING         Please note Girls Inc. will be closed on the following days:       "Wednesday, November 11 (Veteran's Holiday), November 23-25 (Fall Break)         Please indicate below if paying quarter in full or by payment schedule.       \$         S3,540       \$         S3,540       \$         IF PAYING WITH CREDIT CARD, ADD 0.031 FEE \$       \$         (multiply SUBTOTAL by 0.031)       \$         TOTAL (adu with this form)       \$         TOTAL (due with this form)       \$         Visa       AMEX       Mastercard       Personal Check	Fall Quarterly fe Payment sched 1st payment of	ee- \$3540 ule:				Payments a Forms of pa credit card card you w transaction	are due in full on or before the ayment accepted are checks, s. No cash. <b>Please note if pa</b> <b>ill be charged an additiona</b> <b>n.</b> All payments must be maile	money orders or aying with a credit I fee of 3.1% per ed to our main office,
If quarterly payment and late fee is not paid in full by       contact Director of Elementary Programs, Natalie Duarte at nduarte@girlsincislandcity.org         3rd payment of \$1180 due-December 1, 2020 by 4pm       ff payment is not received by Dec. 4, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by       contact Director of Elementary Programs, Natalie Duarte at nduarte@girlsincislandcity.org         REFUND POLICY & PROCESSING       All cancellation requests must be made in writing to Natalie         If payment is not received by Dec. 4, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by       Dec. 7, program cancellation will begin Dec. 10 until payment is received.         Please note Girls Inc. will be closed on the following days:       "Wednesday, November 11 (Veteran's Holiday), November 23-25 (Fall Break)         Please indicate below if paying quarter in full or by payment schedule.       \$         S3.540       \$         S3.540       \$         BIF PAYING WITH CREDIT CARD, ADD 0.031 FEE (multiply SUBTOTAL \$       \$         TOTAL (add SUBTOTAL and FEE) \$       \$         TOTAL (add SUBTOTAL and FEE) \$       \$         TOTAL (add SUBTOTAL and FEE) \$       \$         Visa       AMEX       Mastercard       Personal Check	2nd Payment of	f \$1180 due– N	ovember 2, 202	0 by 4pm		payment box available during girls sign in and sign out times. If you foresee not being able to make your payment, please contact Director of Elementary Programs, Natalie Duarte at		
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Visa       AMEX       Mastercard       Personal Check       Do you want this card charged for your reoccurring payments?		TOTAL	(due with this form)	\$		• • • •		seed a 3 10/ fee
	🗖 Visa	AMEX	Mastercard	Personal Check			vant this card charged for y	
	<u> </u>					Yes	-	No

I understand and agree to the Payment Policy, Payment Schedule and Refund Policy listed above and to the charges on the designated credit card (if any).

# girls inc.

#### of the Island City

#### **Childcare Attendance Waiver (Parents and Guardians)**

<u>Please review this waiver carefully. These guidelines provide the policies and procedures parents must adhere to if their child is to attend the childcare program.</u>

<u>I understand</u> that while schools are closed for in-person learning, Girls Inc. is my child's school pod and per Alameda County guidelines they can be in one additional pod outside of their "school pod". (Examples of outside pods include Girls Scouts, a sports team, etc.) I agree that it is my responsibility to ensure the safety of my child through appropriate testing, monitoring, distancing, etc.

<u>I understand</u> that if it is discovered that my child is participating in more than the allowed number of one school pod and one additional pod, my child will lose their placement at Girls Inc. without a refund.

<u>I understand</u> parents or adults must wear a face mask or covering during drop off/pick up time. All face masks or coverings must cover nose and mouth area entirely.

<u>I hereby acknowledge</u> that if my child has been in close contact with a person who has COVID-19 within the last 14 days, she cannot attend Girls Inc.

<u>I hereby give my consent</u> for Girls Inc. staff to take my child's temperature before the start of the program each day. I will not leave my child until her temperature is taken and I have answered the daily wellness questions. If my child has a temperature of 100.4 or above and/or answer yes to any of the wellness questions, my child will not be able to attend Girls Inc. for that day.

<u>I understand</u> that my child must stay home if she has a fever of 100.4 degrees or above or exhibits signs of respiratory illness. My child may return to the program only when symptoms improve, there is no fever for 72 hours without the use of fever-reducing medicine, and at least ten days have passed since illness onset. No refunds will be given for days missed do to illness or other reasons.



Parent or Guardian Signature (please initial & date electronically)

Date

#### Remote Learning/Homework Help

- <u>I understand</u> Girls Inc. WILL provide Wi-Fi and quiet space for my child during remote learning.
- <u>I understand</u> Girls Inc. **WILL NOT** provide my child with a laptop, tablet, charger or earbuds. It is my responsibility that my child will bring these items daily for remote learning, and take them home at the end of each day.
- <u>I understand</u> Girls Inc. staff will provide basic assistance to help my child with school work. Please note, they are not formal teachers and will help to the best of their ability. Additionally, if a child is refusing to do their work, we will encourage them to do it but we will not force them. We will inform parents at the end of the day if their child refused to do their work.
- <u>I understand</u> it is my responsibility to check my child's school work with my child.
- <u>I understand</u> that it is my responsibility to provide Girls Inc. staff with my child's school schedule upon enrollment and to update any changes made by AUSD.
- <u>I understand</u> Girls Inc. will not be responsible for any lost, damaged, or stolen items.

Date

girls inc.	
of the Island City Fssenti:	al Worker Verification Form
Lootin	
Essential Worker Priority:	
defined for our purposes as working in the	ion to children of essential workers. Essential Workers are following job categories:
<ul> <li>Private and Public Healthcare</li> <li>Emergency Services Sector</li> <li>Law Enforcement</li> <li>Public Safety Officers</li> <li>First Responders</li> <li>Public Works</li> <li>Food and Agriculture</li> </ul>	<ul> <li>Childcare Workers</li> <li>Residential and Shelter Services</li> <li>School Staff</li> <li>Teachers</li> <li>Paraprofessionals</li> <li>Cafeteria Workers</li> <li>Janitors</li> </ul>
<ul> <li>Energy Sector</li> <li>Transportation and Logistics</li> <li>Critical Manufacturing</li> <li>Military and Defense</li> </ul>	<ul> <li>Bus Drivers</li> <li>Any other school employee that may have contact with students or other staff.</li> </ul>
	that is not on this list but you believe you are an Essentia
Please note, if you work in an industry t Worker, please indicate the field below.	
Worker, please indicate the field below.	
Worker, please indicate the field below. Parent/Guardian Job Information:	· · · · · · · · · · · · · · · · · · ·
Worker, please indicate the field below. Parent/Guardian Job Information: Parent/Guardian Name:	
Worker, please indicate the field below.  Parent/Guardian Job Information: Parent/Guardian Name:	
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Worker, please indicate the field below.  Parent/Guardian Job Information: Parent/Guardian Name:	
Worker, please indicate the field below.  Parent/Guardian Job Information: Parent/Guardian Name:	
Worker, please indicate the field below.  Parent/Guardian Job Information: Parent/Guardian Name: Employer Name: Employer Address: Employer Telephone number: Parent/Guardian Name:	
Worker, please indicate the field below.  Parent/Guardian Job Information: Parent/Guardian Name:	
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Worker, please indicate the field below.  Parent/Guardian Job Information: Parent/Guardian Name:	
Worker, please indicate the field below.  Parent/Guardian Job Information: Parent/Guardian Name:	

# girls inc.

of the Island City

## Girls Inc. participants Health and Safety Guidelines

At Girls Inc. we pride ourselves in accommodating and working with children's behavioral needs for the best experience possible. Due to the guidelines we as an organization must abide by in order to stay open and operate, Girls Inc. children will be excepted to follow guidelines that are listed below but not limited to. If any girls are not able to meet and follow the health and safety guidelines, she may be removed from the program. No refund will be given.

- All girls must wear a face mask or covering during indoor and outdoor activities. All face masks or coverings must fit properly and cover nose and mouth area entirely.
- My child understands that she will have to stay with her assigned group/Girls Inc. room and will not be able to switch or move to a different group or Girls Inc room at any time while at Girls Inc.
- If girls are asked to physically distance, my child must follow the instructions.
- Girls will not be allowed to share food and/or snacks with others at any time while at Girls Inc.
- Girls must practice healthy hygiene (e.g. Washing of hands or using hand sanitizer after restroom use, before and after eating and at anytime she is asked to by a Girls Inc. staff member).
- If children bring their own hand sanitizer they are not allowed to share with others and it must be labeled with their name.
- During remote learning time, girls will follow their schedule and refrain from distracting others. Girls will be expected to be cooperative and understand the Girls Inc. staff are available for basic support only.

Parent or Guardian signature (please initial & date electronically)

Date

# girls inc.

# **EMERGENCY AND HEALTH INFORMATION**

#### of the Island City

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: (	)
		(18 years and older) are authori le for immediate pick-up or resp		he facility. These names will	also serve as emerger
contacts. These contacts		le for immediate pick-up or resp	oonse.	he facility. These names will <i>Phone</i>	also serve as emerger
contacts. These contacts Name	must be reachable and availab Phone	le for immediate pick-up or resp	oonse. Iame	Phone	Ĵ
contacts. These contacts Name	must be reachable and availab <i>Phone</i> ()	le for immediate pick-up or resp ۸	oonse. lame	Phone ( )	

L 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 program before 4:00 p.m. must give the Program Director 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)	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 permissio or Dentist (D.D.S.) for my child. This care may be given unc							

STAFF

Girl/Participant Name

Girl/Participant Birth Date \_\_\_\_\_

Parent/Guardian 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 girl's image/likeness/voice/artwork/writing 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	
(Please sign & date this entire	sheet electronically)

Date

## 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, 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.

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



## MEYERS CENTER Census Report - FALL 2020

This information will be kept anonymously and in confidence. It will be used strictly for statistical data			PRIMARY LANGUAGE SPOKEN IN THE HOME					
reports to Girls Inc. National Organization and				English		Spanish		
potential funders. Thank you for your help.				Farsi		Mandarin		
				Tagolog		Vietnamese		
My Girl's Name:				Other:				
Please mar	k all appropriate boxes.							
ENTERI	NG GRADE FOR 2020-2	2021		E <b>NCE AREA</b> Alameda		San Lorenzo		
AGE				Oakland		Livermore		
_	· -			Castro Valley		Hayward		
		11		San Leandro		Berkeley		
		12		Other:				
	8	13-15						
	9 🗖	16-18						
	10							
MY GIRL QUALIFIES FOR				NUMBER LIVING IN HOUSEHOLD				
	Free Lunch 🗖 Rec	duced Lunch						
			ANNUA	AL HOUSEHOLD	INCOM	1E		
	CONFIGURATION		🗖 Be	low \$10,000	🗖 \$1	0,000 to \$15,000		
	Living with two parents		<b>1</b> \$1	5,000 to \$20,000	<b></b> \$2	0,000 to \$25,000		
	Living with mother only		<b>□</b> \$2	5,000 to \$30,000	<b></b> \$3	0,000 to \$40,000		
	Living with father only		□ \$4	0,000 to \$50,000	<b>D</b> \$5	0,000 to \$60,000		
	Living with one parent at a time (joint custody)			0,000 to \$70,000		0,000 to \$80,000		
	Living with parent & step-parent			0,000 to \$90,000	□ \$9	0,000 to \$100,000		
	Living with neither parent grandparent, foster parent		∟ \$1	00,000 and above				
ETHNICI	ТҮ							
	Multi-ethnic 🗖 F	Filipina			MEMBE	RS ACTIVE DUTY		
	Asian American		_		Nia			
	Black / African American			les 🛛	No			
	Native American							
	White / Caucasian							
	Hispanic/Latina							
	Pacific Islander			ASE LIST ANY MEDICA TIONAL CONDITIONS (				
	Other:							