

**2021 WINTER QUARTER REGISTRATION FORM****ONE REGISTRATION  
FORM & ONE  
PAYMENT PER CHILD**For girls 1<sup>st</sup> thru 5<sup>th</sup> grade and at least 6 years old  
1724 Santa Clara Ave. • Alameda, CA • 94501 • (510) 521-1743Please **PRINT** all information below **CLEARLY**

Entering Grade: \_\_\_\_\_ 2020-2021

Girl's Name: \_\_\_\_\_, \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last Name First Name

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ School: \_\_\_\_\_

**Winter Quarter: January 11, 2021- April 9, 2021****Winter Quarterly fee- \$3,400****Payment schedule:****1st payment of \$1,130 due - when your registration form has been confirmed or by January 15, 2021****2nd Payment of \$1,130 due - February 22, 2021 by 4pm**

If payment is not received by Feb. 22, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by Feb. 24, program cancellation will begin Feb. 26 until payment is received.

**3rd payment of \$1,140 due - March 15, 2021 by 4pm**

If payment is not received by Mar. 15, a \$30 late fee will be charged on your account. If quarterly payment and late fee is not paid in full by Mar. 17, program cancellation will begin Mar. 19 until payment is received.

**PAYMENT POLICY**

Payments are due in full on or before the scheduled due date. Forms of payment accepted are checks, money orders, or credit cards. No cash. **Please note if paying with a credit card you will be charged an additional fee of 3.1% per transaction.** All payments must be mailed to our main office, 1724 Santa Clara Ave. Alameda, 94501 or dropped off in 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 [nduarte@girlsincislandcity.org](mailto:nduarte@girlsincislandcity.org).

**REFUND POLICY & PROCESSING**All cancellation requests must be made in writing to Natalie Duarte ([NDuarte@girlsincislandcity.org](mailto:NDuarte@girlsincislandcity.org)). Verbal requests will not be accepted.**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.**CALCULATE FEES HERE**

Fall Quarterly Fee	Paying quarter in full	Paying by Payment schedule	TOTAL
\$3,540			\$
SUBTOTAL			\$
IF PAYING WITH CREDIT CARD, ADD 0.031 FEE (multiply SUBTOTAL by 0.031)			\$
TOTAL (add SUBTOTAL and FEE)			\$
TOTAL (due with this form)			\$
<input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Mastercard <input type="checkbox"/> Personal Check			

**CREDIT CARD INFORMATION**

Card Holder Name \_\_\_\_\_

Card Number \_\_\_\_\_

CVV # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**All credit card transactions are assessed a 3.1% fee****Do you want this card charged for your reoccurring payments?**

\_\_\_\_\_ 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).**

Parent or Guardian Signature (please initial and date electronically) \_\_\_\_\_

Date \_\_\_\_\_

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

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.

I understand 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.

I understand 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.

I understand 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.

I hereby acknowledge 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.

I hereby give my consent 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.

I understand 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**

- I understand Girls Inc. **WILL** provide Wi-Fi and quiet space for my child during remote learning.
- I understand 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.
- I understand 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.
- I understand it is my responsibility to check my child's school work with my child.
- I understand 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.
- I understand Girls Inc. will not be responsible for any lost, damaged, or stolen items.



\_\_\_\_\_

Parent or Guardian Signature  
(please initial & date electronically)

\_\_\_\_\_

Date



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 expected 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.



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Parent or Guardian signature  
(please initial & date electronically)

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Date

# EMERGENCY AND HEALTH INFORMATION

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. 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)

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 \_\_\_\_\_  
(please initial & date electronically)

STAFF	
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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 \_\_\_\_\_ Date \_\_\_\_\_  
(Please sign & date this entire sheet electronically)

**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 \_\_\_\_\_



of the Island City

# MEYERS CENTER Census Report - FALL 2020

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.

**ENTERING GRADE FOR 2020-2021** \_\_\_\_\_

### AGE

- 6                                       11
- 7                                       12
- 8                                       13-15
- 9                                       16-18
- 10

### 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

- English                                       Spanish
- Farsi     Mandarin
- Tagalog                                       Vietnamese
- Other: \_\_\_\_\_

### RESIDENCE AREA

- Alameda                                       San Lorenzo
- Oakland                                       Livermore
- Castro Valley                               Hayward
- San Leandro                               Berkeley
- Other: \_\_\_\_\_

**NUMBER LIVING IN HOUSEHOLD** \_\_\_\_\_

### ANNUAL HOUSEHOLD INCOME

- Below \$10,000                               \$10,000 to \$15,000
- \$15,000 to \$20,000                       \$20,000 to \$25,000
- \$25,000 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
- \$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)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_