



AFTER SCHOOL 2008-2009 REGISTRATION

Girls Incorporated® Inspiring all girls to be strong, smart, and bold™

Name _____ Birthdate _____ Age _____
Address _____ City _____ Zip _____
Home Ph _____ Parent's Cell (or Work) Ph _____
Grade ____ at School _____

List all food/medical allergies and any health needs and restrictions:

WHEN LEAVING...
parents must sign their girl out with their leader.
OR
___ she may sign herself out and walk home
___ she may go home with any of these people:

PARENT/GUARDIAN AUTHORIZATION

I, _____, as parent/legal guardian of _____ give my permission for her to attend the **Girls Incorporated of Wayne County After School 2008-09 program during its operating hours, starting Sept. 8, 2008 and ending May 22, 2009.** I understand that Girls Inc.'s schedule follows the Richmond Communities Schools Calendar, with closings for weather, holidays/vacation and other RCS announced closings. Activities will be taking place in and outside of the center located at 121 N. 10th St. in Richmond, IN, including various field trips. My daughter and I will not hold Girls Incorporated of Wayne County responsible for any accident or injury in or outside of the center. In the case of a medical emergency, I give my permission for my daughter to be treated as needed in the event that I cannot be contacted. I understand that I will be financially responsible for the cost of such treatment. **I also give my permission for photos and/or video taken during Girls Inc. activities to be used for publicity purposes.**

_____ parent/guardian _____ date

CONTACT & EMERGENCY INFORMATION

Parent/Guardian _____
Home Ph _____ Cell Ph _____
Place of work _____
Hrs at work _____ Work Ph _____

Parent/Guardian _____
Home Ph _____ Cell Ph _____
Place of work _____
Hrs at work _____ Work Ph _____

Other Contacts: We need at least one other phone #

Name _____ Name _____
Relation to girl _____ Relation to girl _____
Phone # _____ Phone# _____

Doctor Information:

Name _____
Phone _____

GIRLS INC. REGISTRATION INFORMATION

We ask that you complete the following questionnaire. This information helps us receive the funds we need to offer our programs. This information will be held in strictest confidence.

A. Yearly income of household:

Less than \$10,000
 \$10,000 -14,999 \$25,000 -29,000
 \$15,000 -19,999 \$30,000 -Above
 \$20,000 -24,999 \$ Unknown

B. Ethnic Group

African American Asian American
 Bi-racial _____
 Hispanic Native American
 White Other _____

C. Parental status of household: Two parents Share parenting between 2 parents' homes
 Single parent (circle: Mom or Dad)
Other _____

REGISTRATION FEES

Program fees will range from \$20 - \$45 for the 2008-09 After School Program according to household income:

Less than \$10,000 = \$20
\$10,000 - \$14,999 = \$25
\$15,000 - \$19,999 = \$30
\$20,000 - \$24,999 = \$35
\$25,000 - \$29,999 = \$40
\$30,000 & above = \$45

A \$3 late fee will be charged for each 15 minutes after 6:00pm starting at 6:15pm.

Please note: Field trip and off-site opportunities may result in additional activity fees.

I would like to make a \$25 tax deductible donation to Girls Incorporated of Wayne County for the purchase of supplies.

_____ Program Fee according to household income

I will pay the total now.

I will pay a \$10 non-refundable deposit now and the balance before the program begins.

Staff Initials _____

Date _____

**girls
inc.®**

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