



SUMMER 2007 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 last completed ____ at School _____

**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:**

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

PARENT/GUARDIAN AUTHORIZATION

I, _____, as parent/legal guardian of _____ give my permission for her to attend the **Girls Incorporated of Wayne County Summer 2007 program during its operating hours of 7:30am-5:30pm each Monday, Wednesday and Friday (except Weds, July 4) for 8 weeks starting Weds. June 13 and running through Fri. August 3, 2007.** I understand that 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 _____

PAYMENT PLAN

Fees will range from \$75 - \$125 for the Monday, Wednesday and Friday 8-week summer program according to household income:

Less than \$10,000 = \$60 + \$25 activity fee = \$85
\$10,000 - \$14,999 = \$70 + \$25 activity fee = \$95
\$15,000 - \$19,999 = \$80+ \$25 activity fee = \$105
\$20,000 - \$24,999 = \$90+ \$25 activity fee = \$115
\$25,000 - \$29,999 = \$100 + \$25 activity fee = \$125
\$30,000 & above = \$110 + \$25 activity fee = \$135

A \$25 non-refundable deposit is required at the time of registration.

A \$3 late fee will be charged for each 15 minutes after 5:30pm starting at 5:45pm.

A minimum of 25 girls is necessary for the 2007 Summer Exploration Program.

Limited to first 45 participants

Early Bird drop off is available at 7:30am for a flat fee of \$50 for the entire summer.

Yes, I would like Early Bird drop off for \$50

No, I will drop off at regular program time, starting at 8:45am.

**girls
inc.®**

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

Inspiring all girls to be strong, smart and bold

_____ Summer Program Fee according to household income including the \$25 activity fee

_____ Early Bird Fee

_____ TOTAL AMOUNT

I will pay the total now.

I will pay the \$25 non-refundable deposit now and the balance before the program begins on Weds., June 13, 2007.