



of Wayne County

GIRLS INC. OF WAYNE COUNTY MEMBER REGISTRATION FORM

CHILD INFORMATION:

First Name: _____ Last Name: _____ DOB: _____

Age: _____ School: _____ Grade this Fall: _____

PRIMARY PARENT/GUARDIAN INFORMATION:

First Name: _____ Last Name: _____ Relationship: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Best phone # to reach you: _____ Phone Type: _____

2nd phone # to reach you: _____ Phone Type: _____

Email: _____

SECONDARY PARENT/GUARDIAN INFORMATION:

First Name: _____ Last Name: _____ Relationship: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Best phone # to reach you: _____ Phone Type: _____

2nd phone # to reach you: _____ Phone Type: _____

Email: _____

EMERGENCY CONTACT, IF PRIMARY AND SECONDARY CONTACTS CANNOT BE REACHED:

First Name: _____ Last Name: _____ Relationship: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Best phone # to reach you: _____ Phone Type: _____

2nd phone # to reach you: _____ Phone Type: _____

OTHER CONTACTS AUTHORIZED TO PICK UP YOUR CHILD:

First Name: _____ Last Name: _____ Phone #: _____

First Name: _____ Last Name: _____ Phone #: _____

First Name: _____ Last Name: _____ Phone #: _____

MEDICAL INFORMATION:

Please list any medical information we should be aware of (allergies, medications, diagnoses or other concerns)

DEMOGRAPHIC INFORMATION:

Answers in the next section are used to better understand our community and for Girls Inc. to apply for other forms of funding that help keep the cost to you as low as possible. Your answers WILL NOT affect your child participation but we do require you to answer completely in order to participate. Thank you for your assistance in collecting this information!

RACIAL/ETHNIC BACKGROUND

Please check the boxes that describe the participant’s racial/ethnic background. If the participant is multi-racial please select all boxes that apply.

- American Indian Asian White Hispanic or Latina
- Black or African-American Middle Eastern Middle Eastern Other: _____

CHILD’S PRIMARY HOUSEHOLD AND SIZE

- Single Mom Two Parent Household Other: _____
- Single Dad Joint Custody/ Two Household **Household Size:** _____

PRIMARY LANGUAGE SPOKEN AT HOME

- English Spanish French Other: _____

PROGRAMS RECEIVED IN HOUSEHOLD

- Food Stamps SSI SSDI Medicaid
- Free Lunch Program Veterans Compensation TANF Day Care Voucher

CONSENT TO SHARE INFORMATION:

By signing this form I authorize Girls Inc. of Wayne County to exchange confidential information and work together with partner agencies. This information will be used for required grant reporting to assess program progress. I understand that personal records are protected by various federal and state laws and cannot be disclosed without this, my written consent, unless otherwise authorized.

Photo release: I give my consent for photos/videos taken during Girls Inc. activities to be used for publicity purposes, including online and in print.

Liability Waiver: I agree that Girls Inc. of Wayne County will not be responsible for any accident to my girl while at Girls Inc. or while she is engaged in any offsite activities. I acknowledge that I have received the Code of Conduct and agree to abide by the rules and regulations as explained in it.

Signature: _____ Date: _____

REGISTRATION FEES:

Program fees range from \$25-\$100 based on family household income. This is a one-time fee is for the entire 2018-2019 school year. A \$10 non-refundable deposit is required for registration. Check the box that applies to your household.

- Less than \$10,000 = \$25 \$10,000-\$14,999 = \$30 \$15,000-\$19,999 = \$35 \$20,000-\$24,999 = \$40
- \$25,000-\$29,999 = \$45 \$30,000-\$34,999 = \$55 \$35,000-49,999= \$70 \$50,000 and above = \$100

Office Use Only: Total Fees: \$_____ | \$10 Deposit Paid | Total Balance | Paid Remaining: \$_____