



SUMMER 2021 REGISTRATION

1407 S. 8th Street
Richmond, IN 47374

Inspiring all girls to be
strong, smart, and boldSM

List all conditions including
food/medical allergies/
health needs and
restrictions:

Name _____ Birthdate _____ Age _____

Address _____

City _____ State _____ Zip _____

School: _____ **2021-22 School Year**
Grade: K 1 2 3 4 5 6 7 8

PARENT/GUARDIAN AUTHORIZATION

I, _____, as parent/legal guardian of _____ give my permission for her to attend the Girls Inc. of Wayne County Summer 2021 program during the hours of 8:00am-5:30pm Monday through Friday for 8 weeks beginning **Monday, June 7 - Friday, July 30, 2021**. An Early Bird (7:30 a.m.) arrival is available. I understand activities will occur both at the Center located at 1407 South 8th St. Richmond, IN, and offsite during select field trips. It is understood that Girls Inc. of Wayne County will not be held liable for any accident or injury in or outside of the Center. In case of a medical emergency, I give permission for treatment to be administered as needed, in the event that I cannot be contacted. I understand that I will be financially responsible for the cost of treatment. Additionally, I grant permission for photos and/or video taken during Girls Inc. activities to be used for publicity purposes; including the Girls Inc.'s Facebook page.

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. **Initials** _____

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. **Initials** _____

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. **Initials** _____

Payment Policy: I have read and agree to the Membership Payment Policy. **Initials** _____

Parent/Guardian _____ **Date** _____

CONTACT and EMERGENCY INFORMATION

Relationship to girl _____

Full name _____

Address _____

Home Ph _____ Cell Ph _____

Place of work _____ Ph _____

Email: _____

Relationship to girl _____

Full name _____

Address _____

Home Ph _____ Cell Ph _____

Place of work _____ Ph _____

Email: _____

Emergency contact (this information is required) :

Name _____ Name _____ Name _____

Relation to girl _____ Relation to girl _____ Relation to girl _____

Phone # _____ Phone# _____ Phone# _____

SUMMER 2021 REGISTRATION

We ask that you complete the following questionnaire. **This information helps allows us to receive funding to continue offering our programs.** All information is confidential. **Check all that apply.**

- A. Girl's primary household: Two parent household Single Mom Single Dad Joint custody/ two households Other
- B. Total number of individuals in girls primary household: _____
- C. Ethnic Group:
- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian American | D. Yearly income of household: | |
| <input type="checkbox"/> Bi-racial | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Less than \$14,999 | <input type="checkbox"/> \$15,000 – 19,999 |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native American | <input type="checkbox"/> \$20,000 – 24,999 | <input type="checkbox"/> \$25,000 - 29,999 |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Other | <input type="checkbox"/> \$30,000 –34,999 | <input type="checkbox"/> \$35,000 – 49,999 |
| | | <input type="checkbox"/> \$50,000 and above | |

REGISTRATION FEES

\$75 per week fee/\$50 per week sibling rate.
Weekly payments are due prior to the week attending.

First week due at registration.

A \$10 late fee will be charged for each 15 minutes after 5:30 pm

Please select the week(s) for which you would like to register.

- | | |
|--|---|
| <input type="checkbox"/> Monday, June 7—Friday, June 11 | <input type="checkbox"/> Monday, July 5 —Friday, July 9 |
| <input type="checkbox"/> Monday, June 14—Friday, June 18 | <input type="checkbox"/> Monday, July 12 —Friday, July 16 |
| <input type="checkbox"/> Monday, June 21—Friday, June 25 | <input type="checkbox"/> Monday, July 19 —Friday, July 23 |
| <input type="checkbox"/> Monday, June 28—Friday, July 2 | <input type="checkbox"/> Monday, July 26 —Friday, July 30 |

Please check if arrival will occur during Early Bird (7:30-8:00 am).

Pay all 8 weeks prior to June 7 and receive a \$75 discount. Weekly payment plan is available.

**girls
inc.®**

Inspiring all girls to be
strong, smart and bold

Office Use

Scholarship Amount: _____

Paid In Full Discount: _____

Sibling Rate: _____

Total Due: _____