



Inspiring all girls to be strong, smart, and bold™

1407 S. 8th Street
Richmond, IN 47374

SUMMER 2024 REGISTRATION

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

Girl's Name _____ Birthdate _____ Age _____

Address _____

City _____ State _____ Zip _____

2024-25 School Year

School: _____ Grade: K 1 2 3 4 5 6 7 8 9 10

PARENT/GUARDIAN AUTHORIZATION

I, _____, as parent/legal guardian of _____ give my permission for her to attend the Girls Inc. of Wayne County Summer 2024 program during the hours of 7:30 a.m.-5:30 p.m. Monday through Friday for 8 weeks beginning **Monday, June 3 - Friday, July 26, 2024. (CLOSED JULY 4TH)** 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. Yes **Initials** _____ No **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. Yes **Initials** _____ No **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. Yes **Initials** _____ No **Initials** _____

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

Parent/Guardian _____ Date _____

CONTACT and EMERGENCY INFORMATION

Main Contact Full Name: _____

Relationship to girl: _____

Address _____

Home Ph. _____ Cell Ph. _____

Place of work _____ Ph. _____

Email: _____

Contact Full Name: _____

Relationship: _____

Address _____

Home Ph. _____ Cell Ph. _____

Place of work _____ Ph. _____

Email: _____

Additional contacts (this information is required):

Name _____ Name _____ Name _____

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

Phone # _____ Phone# _____ Phone# _____

SUMMER 2023 REGISTRATION CONTINUED

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 girl's primary household: _____

C. Ethnic Group:

Black or African Amer. Asian Amer.
 Biracial Caucasian
 Hispanic Native American
 Middle Eastern Other

D. Yearly income of household:

\$0-\$9,999 \$10,000-\$14,999
 \$15,000-\$19,999 \$20,000-\$24,999
 \$25,000-\$29,999 \$30,000-\$34,999
 \$35,000-\$39,999 \$40,000-\$49,999
 \$50,000-\$59,999 \$60,000-Above

REGISTRATION FEES

\$75 per week fee is required one week prior to attending.

\$50 per week sibling rate.

First week due at registration.

A \$10 late pickup fee will be charged for each 15 minutes after 5:30 p.m.

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

Monday, June 3 — Friday, June 7 Monday, July 1 — Friday, July 5 (Closed July 4th)
 Monday, June 10 — Friday, June 14 Monday, July 8 — Friday, July 12
 Monday, June 17 — Friday, June 21 Monday, July 15 — Friday, July 19
 Monday, June 24 — Friday, June 28 Monday, July 22 — Friday, July 26

Weekly payment plan is available.

Sibling Discount: A 25% discount is applied to the total cost of each additional sibling registered.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

**girls
inc.**

® Inspiring all girls to be
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Office Use

Scholarship Amount: _____

Paid In Full Discount: _____

Sibling Rate: _____

Total Due: _____