



2018/19 School Year Program

Program begins Friday, August 3!

- **\$150 for school year program**
- **Full memberships:
a \$20 non-refundable deposit must be paid at registration (goes toward fees).
Balance must be paid in full prior to child's first day or a payment plan must be submitted.**
- **Only completed registration forms will be accepted.**
- **If you need financial assistance, please submit a completed scholarship form with registration form.**



2018/19 School Year Registration

109 West Third Street
Madison, IN 47250

**Inspiring all girls to be
strong, smart and boldSM**

Child's Name: _____ Birthdate: _____ Age: _____

School: _____ Grade in 2018/19: K 1 2 3 4 5 6 7 8 9 10 11 12

Child's Primary Address: _____

City: _____ State: _____ Zip: _____ Primary Phone #: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____
(Primary)

Relationship to Child: _____ Relationship to Child: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail Address _____ E-mail Address: _____

Lives at above address

Lives at above address

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY/PICK UP	Emergency Contact	May Pick Up
Name: _____ Phone: _____ Relationship to Child: _____		
Name: _____ Phone: _____ Relationship to Child: _____		
Name: _____ Phone: _____ Relationship to Child: _____		

FAMILY CONFIGURATION

Child Lives With	
Two parents	<input type="checkbox"/>
Mother only	<input type="checkbox"/>
Father only	<input type="checkbox"/>
One parent at a time (joint custody)	<input type="checkbox"/>
Neither parent (e.g. foster parent(s), grandparent(s) or other relative(s), group home)	<input type="checkbox"/>

PLEASE DESCRIBE YOUR FAMILY SITUATION:

HEALTH INFORMATION

1. Family Doctor: _____ Phone: _____
2. List any and all allergies: _____
3. My child has a special health situation/medication: _____

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. **Mark all that apply:**

Family Income	
Less than \$10,000	
\$10,000-\$20,000	
\$20,001-\$30,000	
\$30,001-\$50,000	
\$50,001 and above	

Ethnic Group	
African American	
Multiracial/Mixed Heritage	
Hispanic/Latina	
Asian American	
Caucasian/White	
Native American	
Other	

Mark all that apply	
Military Family	
Qualify for Free/Reduced Lunch	

Home Language	
English	
Spanish	
Other:	

Parent/Guardian Authorization

As parent/legal guardian of _____ "my girl" I give my permission as indicated below:

MEDIA RELEASE: In consideration of her opportunity to appear in Girls Inc. promotional materials, the sufficiency of which I acknowledge, I agree not to hold Girls Inc., its officers, board members, volunteers and staff members responsible against loss from any claim, action or demand brought at any time by the minor or anyone acting on the minor's behalf for the purpose of enforcing any claim for damages on account of use of the minor's name, photography, voice or likeness.

Please check one of the following:

My child's image and voice may be used in **ALL** Girls Inc. promotional opportunities.

NONE

MEDICAL CARE RELEASE: I give permission for "my girl" to receive emergency treatment and to be hospitalized, if necessary. I understand that every effort will be made to contact me before taking this action.

Signature: _____ Date: _____

This section to be completed by staff

PAYMENT OF FEES

(balance must be paid in full prior to child's first day)

New to Girls Inc.

Full Membership - \$150*

Processed by: _____

Daily Membership - \$5 for after-school/\$10 for extended hours. Daily fees apply to Regular program hours. Early bird fees are additional

***\$20 non-refundable deposit paid** (balance and/payment plan before the program begins)



**VAN TRANSPORTATION PERMISSION
Southwestern Elementary School
2018/2019 School Year**

My daughter _____, who is a currently registered member of Girls Inc., has my permission to ride the Girls Inc. van to the Girls Inc. center at 109 West Third Street in Madison, IN at the close of each school day. Transportation will also be provided on days when school is dismissed early for any reason.

I will not hold the drivers of these vehicles providing transportation, its officials, or staff liable in the event of an accident or injury to my child while participating. It is understood that the staff of Girls Inc. will make every effort to ensure the safety of all Girls Inc. members when participating in any Girls Inc. activity.

I understand that the transportation being provided by Girls Inc. is not under the jurisdiction of the Southwestern School System.

There is no fee to ride the Girls Inc. van this school year.

Membership fees must be paid in full to ride the Girls Inc. van.
Girls may ride Southwestern bus until fees are paid in full.

I also understand that it is my responsibility to provide transportation home for my daughter and I will pick her up at the Girls Incorporated center before 6:00 p.m.

Parent or Guardian Signature