



# 2017/18 School Year Registration

109 West Third Street  
Madison, IN 47250

**Inspiring all girls to be  
strong, smart and bold<sup>SM</sup>**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade in 2017/18: 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

- Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_
- List any and all allergies: \_\_\_\_\_
- 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-\$14,999	
\$15,000-\$19,999	
\$20,000-\$24,999	
\$25,000-\$29,999	
\$30,000-\$49,999	
\$50,000 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)

**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)