



Summer 2017 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 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	✓
Mother only	
Father only	
One parent at a time (joint custody)	
Neither parent (e.g. foster parent(s), grandparent(s) or other relative(s), group home)	

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-\$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 - \$225 (includes swim fee) **Processed by:** _____

Daily Membership - payment is due prior to or upon arrival and is non-transferrable. Daily fees apply to the hours of 10am - 6pm. Early bird and swim fees are additional.

\$20 non-refundable deposit paid (balance due before the program begins)

Summer Permission Slip
Girls Incorporated® of Jefferson County, IN

My daughter _____ has my permission to participate in the following activities or field trips sponsored by Girls Incorporated of Jefferson County:

- Movies
- Swimming Pool
- Walking field trip

*If a child is not signed up for one of these activities, **we will not take her** out of the center unless a parent/guardian sends a note or makes a phone call.*

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

Parent or Guardian Signature

*Sign up and/or permission slips for individual activities will still be required as they arise.