

GIRLS INCORPORATED OF BAY COUNTY APPLICATION FOR MEMBERSHIP

Today's Date: _____ **GIRLS NAME:** _____

Age: _____ Date of Birth: _____ Number of children in family: _____

Mailing Address: _____ City & ZIP _____

Home Address: (if different from above) _____

Home Phone: _____ Grade your daughter will attend this school year: _____

Email Address: _____

School: _____ Girl participates in school reduce lunch program YES / NO

MEMBER'S SS# _____ #of Girls Inc. members in family: _____

Your relationship to Girl: _____ **Are you the legal guardian? YES / NO**

Mother's Name: _____ Father's Name: _____
(if residing with family) (if residing with family)

Employed: _____ Employed: _____

Work Phone: _____ ext. _____ Work Phone: _____ ext. _____

CELL # _____ CELL# _____

Are you or your spouse employed with the Federal Government? YES / NO

Step-Parent Name: _____ Employed: _____
(if residing with family) Work Phone: _____ ext. _____

*It is very important that you notify us immediately if any of this information changes.

WE DO NOT GIVE REFUNDS

PERSON TO CALL IN CASE OF AN EMERGENCY (IF PARENT/STEP PARENT IS UNAVAILABLE)

Name: _____ Phone: Home _____ Work _____

Family Doctor: _____ Phone: _____ Physical Limitations and / or Allergies: _____

INSURANCE COMPANY: _____ POLICY #: _____

ALL MEDICAL EXPENSES NOT COVERED BY YOUR INSURANCE COMPANY ARE THE RESPONSIBILITY OF THE PARENT/LEGAL GUARDIAN.

I give _____ my permission to become a member of Girls Incorporated and to participate in all the activities, including special field trips and programs. I understand that all precautions will be taken for her safety and we will not hold the Center nor its staff, officers or Board Members responsible for any accidents. In case of medical emergency, I understand every effort will be made to contact the person's named above. In the event that one of them can not be reached, I hereby give my permission to the Physician selected by the Executive Director or person in charge to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child.

Signature of Parent/Legal Guardian

Date

STATE OF FLORIDA
COUNTY OF BAY

Sworn to and subscribed before me this _____ day of _____, 2011, by parent/guardian signing above.

Signature of Notary Public _____ Personally known or Produced Identification

May your child sign herself out and/or walk home from the Center? _____ What time: _____

This member may be picked up by the following persons ONLY in addition to parents or guardian. No exceptions will be made. You may add to this list at any time in person, **but written notes and phone calls will not be accepted for any reason.**

Name: _____ Relation to girl: _____ Phone: _____

Name: _____ Relation to girl: _____ Phone: _____

Name: _____ Relation to girl: _____ Phone: _____

Name: _____ Relation to girl: _____ Phone: _____

Name: _____ Relation to girl: _____ Phone: _____

Girls Inc. has a LATE FEE that will be enforced for any child that is not picked up by 6:00 p.m. of \$5.00 per child for every 15 minutes she is left at the center.

Please do not allow your child to bring valuables to Girls Incorporated. We are not responsible for the loss or destruction of any of their possessions.

I understand that any photos and/or videos of my daughter taken at Girls Inc. may be used in advertising and fund raising flyers.

I agree to pay the program fee of \$375.00 at the time of registration. Any financial assistance has been pre-approved by the Executive Director of Girls Inc. I understand that failure to pay will result in this account being turned over to the credit bureau. **WE DO NOT GIVE REFUNDS.**

SIGNATURE: _____ DATE: _____

WITNESSED: _____ DATE: _____

----- **FOR OFFICE USE ONLY** -----

MEMBERSHIP # _____ 1Y / 2Y

DRIV. LIC # _____

Summer _____ School _____

SS# _____

PP/S

PP/S

Date of Birth _____

Girls Incorporated of Bay County Additional Information

Program Enrolled: _____

Thank you for providing the following information. This information is collected solely for reporting to Girls Inc.'s funders, such as United Way and our national organization. This information will be kept anonymous.

Age	Participant Race/Ethnicity (check only one line)	Household Configuration
6-8 _____	Multi-Ethnic _____	Both parents _____
9-11 _____	African American _____	Mother _____
12-14 _____	Asian American _____	Father _____
15-18 _____	Caucasian _____	One Parent at a Time _____
	Filipina _____	(Joint Custody)
	Hispanic or Latina _____	Neither Parent _____
	Middle Eastern _____	(Foster Parent, Grandparent,
	Native American _____	Other Relative, Group Home)
	Pacific Islander _____	
	Other, please indicate _____	

Annual Household Income

\$ 0 – 10,000 _____
 \$10,001 – 15,000 _____
 \$15,001 – 20,000 _____
 \$20,001 – 25,000 _____
 \$25,001 – 30,000 _____
 \$30,001 – 50,000 _____
 Over \$50,000 _____

Parent/Guardian Highest Level of Education Completed

Graduate degree _____
 Bachelor's degree _____
 Two year college degree _____
 Vocational/Technical Training _____
 High school degree _____
 Some high school _____
 Middle School _____
 Other _____
 Unknown _____

Total Number of People Living in the Household:

Primary Language Spoken at Home:

My Girl \ Girls Qualifies for:

- Free Lunch
- Reduced Lunch
- Neither



Girls Incorporated of Bay County Medical Information Form

Member's Name: _____

G.I. # _____

Girls Inc. does it's best to care for your daughter. The following information will help us to respond appropriately to any situation with your daughter that may arise. Any information disclosed to Girls Inc. is confidential.

We do our best to accommodate individual needs, development, and learning styles. Please check if your child needs more assistance than others of her age typically require in any of the following. For each check mark, please provide further information that you believe would be helpful to our staff.

Eating Dressing and undressing Using toilet
 Communicating orally Reading and writing Walking long distances
 Calming down if she becomes upset Social interaction (making friends)

Are there any signs of distress or symptoms of a chronic condition to which our staff should be alert?

No Yes If yes, please indicate on the back of this form the signs or symptoms, and the condition. We will contact you for further details.

If you checked any areas where your daughter needs extra assistance, can you recommend someone who may be able to help Girls Inc. to learn about best practices? (For instance, a physical therapist, a doctor, a mental health professional, a special education teacher.) We will not contact this person until we have gotten more details from you.

Resource Person

Position

PERMISSION FORM FOR THIRD PARTY COMMUNICATION

From time to time, we find it useful to speak with classroom teachers and others personnel from the school attended by your daughter. With your permission, we will carry out such communication only for the benefit of your daughter. (For instance, if we are trying to get ideas to help your daughter improve her behavior.) Any information obtained in the course of the communication will be treated as strictly confidential.

For the school year beginning in August 20__, I grant permission for the communication described above to take place.

Your daughter's school _____

Teacher _____ Principal _____

Parent or guardian signature and date

Parent Statement of Understanding

The following information is important for the safety and protection of your daughter. Please read the information, sign this form and return it to Girls Inc. with your application. Your daughter may not attend Girls Inc. without this signed form.

Please keep and refer to your copy of the Girls Inc. Parent Handbook. Your signature below indicates that you have received this information.

- **I understand that Girls Inc. staff and volunteers are not allowed to baby-sit or transport girls at any time outside of the Girls Inc. program.** Immediate disciplinary action will be taken by Girls Inc. toward staff and volunteers if a violation is discovered.
- I understand that Girls Inc. will not supervise my daughter when she is left at the center before and after Girls Inc. program hours.
- I understand that my daughter is not allowed to leave the program with an unauthorized person. Any person authorized to pick-up my child must be listed in person (by the parent or legal guardian) with Girls Inc. **Notes and phone calls are not accepted to add people to the list.**
- I understand that my child's safety is paramount to Girls Inc. Should a person arrive to pick up my daughter who appears to be under the influence of drugs or alcohol, staff may contact the police. Please do not put staff in a position where they have to make this judgment call.
- I understand that Girls Inc. is mandated by law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- **I understand that Girls Inc. closes at 6:00 p.m. daily.** Please be here by 6:00pm to pick up your daughter. We charge a late fee of \$5 for every 15 minutes late. Repeated lateness will result in a \$1 per minute late fee. We will call the police and the Department of Children and Families for girls left here after 6:30 p.m. to report an abandoned child. Please understand that the staff, too, has commitments, children of their own to pick up and things they have to do.
- I understand that Girls Inc. does not give refunds. **Payment plans are to be paid in full whether or not your daughter attends the full program.**
- I understand that any photos and/or videos of my daughter taken at Girls Inc. may be used in advertising and fund raising flyers.
- I understand that Girls Inc. reserves the right to serve girls and parents who respect and respond to our program philosophy. We will not continue to serve a parent who becomes disruptive and disrespectful to staff and girls. We feel confident that any and all differences of opinion may be resolved in a role-modeling manner.

I have received a copy of Girls Inc.'s parent handbook.

Parent/Guardian Signature

Date

Girls Name and Girls Inc. #

Girls Name and Girls Inc. #

Girls Name and Girls Inc. #