



Girls Incorporated of the Washington, DC Metropolitan Area Program REGISTRATION FORM

Program Location: 2401 4th Street NW. Suite 62B Washington, DC 20059

Phone: 202.806.7938 Email: Sydney Wilson Program Mgr sydney.girlsincdc@gmail.com Website: www.girlsincdc.org

Please Circle Program Enrolling In

Program Hours of Operation: (hours subject to change for half days, holidays, school closures, etc.)

***College Bound Girls After School Program Grades 4-8:** Monday – Friday, 3:00pm-6:30pm

***Spring Break Program Grades 6-8:** Monday – Friday, 8:30am – 5:30pm

***Summer STEM & Leadership Academy Ages 11-15:** Monday – Friday, 9:00am – 4:00pm

***FORTUNE Leadership Grades 9-12:** First Wednesday of Every Month, 6:00pm-7:30pm

Program Fees:

College Bound Girls After School & FORTUNE Leadership Evening: \$25.00 per school semester (Sept-Dec and Jan-June)

Spring Break Camp 2019: TBD

Summer STEM & Leadership Academy 2018: \$300 (\$150 with proof of free/reduced lunch)(**Due 06/08**)

Student Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **DC Ward** _____

Date of Birth: _____ **Language spoken at Home:** _____

Race/Ethnicity: _____ **My child's t-shirt size (adult sizes):** S M L XL 2XL 3XL

Current School: _____ **Current Grade:** _____ **Rising if Summer** _____

My child is eligible for free/reduced lunch: Yes No

Primary Parent's Last Name: _____ **Parent's First Name:** _____

Primary Parent's Address (if different) _____

Relationship: _____ **Cell Phone:** _____

Email: _____ **Home Phone:** _____

Work Address _____ **Work Phone:** _____

Other Phone: _____ **E-Mail:** _____

Secondary Parent's Last Name: _____ **Parent's First Name:** _____

Secondary Parent's Address (if different) _____

Relationship: _____ Cell Phone: _____

Email: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Other Emergency Contact Person: _____ **Relationship** _____

Cell Phone: _____ Home Phone: _____

Confidentiality Reminder: Any confidential information requested is to help us better understand the needs of the girls and families we serve. Aggregate data, without personal identifiers, is used to comply with funder requirements, for research and to seek funding for our programs. The answers you provide/have provided will be kept confidential.

CHILD'S Health and Medical Information:

List any of your child's medical, physical or mental health conditions _____

Any special requirements: _____

List any medications your child takes regularly: _____

List any food allergies: _____

Dietary Restrictions: _____

Do you consent for your child to receive medical attention in the event of an emergency? Yes _____ No _____

Child's Physician's Name: _____ Phone: _____

Hospital Preferred: _____

Name of Insurance Company: _____

Policy #: _____ Policy Holder's Name: _____

**Please return your completed form to our office at 2401 4th St., NW Building 62B Washington, DC 20059
Or Email sydney.girlsincdc@gmail.com Questions? Call (202) 806-7938.**

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and during reenrollment periods.

Parent/Guardian Signature: _____ **Date:** _____

EMERGENCY CONTACTS (other than parent/guardian)

Name: _____ Relationship: _____

Phone: _____ [Home/Cell/Work] Alt Phone: _____
[Home/Cell/Work]

Name: _____ Relationship: _____

Phone: _____ [Home/Cell/Work] Alt Phone: _____
[Home/Cell/Work]

Name: _____ Relationship: _____

Phone: _____ [Home/Cell/Work] Alt Phone: _____
[Home/Cell/Work]

My child may be dismissed and leave Girls Inc. on her own. I release Girls Inc. of any liability upon her leaving:
Yes No

PICK UP AUTHORIZATION (must have proof of identity)

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

*****PERSONS NOT AUTHORIZED TO PICK UP*****

[Please list any person NOT AUTHORIZED to pick-up your child]

1. _____

2. _____

3. _____

*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

Family Demographics

Please fill out this form to tell us some basic things about your family. The information provided will be kept confidential. The information will be used to provide funders and other stakeholders the demographics of program participants in order to keep programs like this one up and running. Thank you.

1. Child's Full Name: _____ Child's DOB: _____

2. City child currently lives in: _____

Ward/DC Residents _____

3. Child's Race/Ethnicity (circle all that apply):

African-American Asian Caucasian Hispanic/Latino Native American

Other (specify) _____

4. Name of School: _____ Current Grade _____

5. Does your child receive a free or discounted school lunch? Yes No

6. Does child live with: Mother only Father Only Two Parents

Other Please specify _____

7. Has your child been diagnosed with a physical, mental or learning disability? Yes No

If yes, please describe:

8. We have been asked by our stakeholders and funding sources to provide a breakdown of our participants' family income: Please be assured that we regard this as confidential information.

Circle the amount of your family income for the last year:

Less than \$5000

\$15,001 - \$20,000

\$35,001 - \$50,000

\$5,001 - \$10,000

\$20,000 - \$25,000

\$50,001-\$75,000

\$10,001 - \$15,000

\$25,001 - \$35,000

\$75,001-\$100,000

Thank you for completing this survey!

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PARENT/GUARDIAN STATEMENT

I hereby give permission for my child to participate in all activities conducted by Girls Incorporated of the Washington, DC Metropolitan Area and its partners, including educational activities at the center site and at off - center site locations. I further grant permission for my child:

- 1) to appear in person or in voice, video or photographic presentation for non-commercial radio, television, internet or print media reports and/or media campaign(s) resulting from participation in this program and its activities,
- 2) to complete surveys associated with this program and its activities, and
- 3) to participate in interviews for evaluation purposes.

I understand that if my child is not picked up from the center site by 7:30pm and Girls Inc. DC has not heard from the parent/guardian to make alternative arrangements, she may be taken to the Office of Child Protective/Emergency Family Services located at 400 Sixth Street, SW (202) 671-SAFE.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Relationship to Student: _____ Date: _____

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