

# Girls Inc. Summer Camp 2019

★ Inspiring all girls to be strong, smart, and bold! ★

**Camp Dates:**  
May 28th - August 9th  
Open 7:30 am - 6:30 pm  
Closed July 3, 4, 5  
**Orientation: May 1st at 6:00**

Our mission is to equip girls with the skills they need to be strong, smart, and bold in three key areas:

- Healthy Living
- Academic Achievement
- Life Skills

## Payment Information:

\$125/week

### Due at Registration:

\$275

(\$25 registration fee + 2 weeks payment)

## If applying for Scholarship

### Due at Registration:

\$125

(\$25 registration fee, \$100 towards payment)

Please provide 2 pay stubs and 1099

**Sibling Discounts Offered!**

## What to Expect:

### Healthy Living:

Mind and Body Curriculum  
Gardening and Nutrition  
Media Literacy  
Sporting Chance

### Academic Achievement:

Summer Reading Challenge  
Daily Lunch and Learn Session  
Computer Skills and 3D Printing  
STEM and Sustainability

### Life Skills

Dream Harbor Mini-Society  
ProjectBOLD  
Financial and Economic Literacy  
Upcycling, Art History, and Crafts

### And more...!

Field Trips  
Yoga, Gym Games, Playground  
Free Swim and Swim Lessons  
Friendships and FUN!

## For more info and to register:

Contact Lana:  
941-366-6646  
lana@girlsincsrq.org

Stop by today:  
201 S. Tuttle Ave.  
Sarasota, FL 34237



Enrollment Date: \_\_\_\_\_

**Girls Incorporated of Sarasota County  
Summer 2019**

How did you hear about our program?

(please circle one)

Friend

Family

School

Staff

Other: \_\_\_\_\_

**Girl Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ **As of 5/28/19** Age: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ School N #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_

T-shirt Size (please circle one):      Youth Small                  Youth Medium                  Youth Large

Adult Small                  Adult Medium                  Adult Large                  Adult Extra Large

**Guardian 1 Information** (please circle one): Mom/Dad/other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Guardian 2 Information** (please circle one): Mom/Dad/other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Medical Information**

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Medications: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Other Medical Considerations/Disabilities: \_\_\_\_\_

**Other Important Information** (please share anything else that will help us serve your child better)

Custody issues: \_\_\_\_\_

Behavior challenges: \_\_\_\_\_

Additional concerns: \_\_\_\_\_

**Payment Information** (please complete the following information if you wish to set up reoccurring payments)

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Amount to be charged: \_\_\_\_\_

This amount will be charged (please circle one) WEEKLY or BIWEEKLY **beginning on 6/8/18**

Signature: \_\_\_\_\_

**Emergency/Release Information**

(Girls Inc. CAN contact/release my child to the individuals listed below)

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Unauthorized Individuals**

(My child CANNOT be released to the individuals listed below)

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

Girl's Name: \_\_\_\_\_

**Demographic Information** (please circle the choices that apply)

Race Asian American or Pacific Islander Black or African American Hispanic or Latino  
Middle Eastern or North African Native American or Alaska Native White  
Multiracial other: \_\_\_\_\_ unknown

Ethnicity Hispanic/Latina/Latin American Not Hispanic/Latina/Latin American  
unknown/unavailable

Primary Language (language usually used): English Spanish French Portuguese  
Russian Chinese Vietnamese Other: \_\_\_\_\_

Native Language (first language): English Spanish French Portuguese  
Russian Chinese Vietnamese Other: \_\_\_\_\_

Household Type: two parents mother only father only  
one parent at a time (joint custody) grandparents/other relatives  
other: \_\_\_\_\_ unknown

Family Setting: both parents single/lone parent joint custody  
relatives other than parents parent & step parent  
parent & grandparent multigenerational household foster parents  
group home other: \_\_\_\_\_

Income: less than \$10,000 \$10,000-\$20,000 \$20,001-\$30,000 \$30,001-\$50,000  
More than \$50,000 do not wish to disclose unknown/unavailable

Household Size: \_\_\_\_\_ Lunch Assistance: No Yes, reduced Yes, free

**Additional Demographic Information** (please check any that apply)

\_\_\_\_ military family      \_\_\_\_ Medicaid      \_\_\_\_ SSI  
\_\_\_\_ veteran compensation      \_\_\_\_ TANF      \_\_\_\_ SSDI  
\_\_\_\_ general assistance      \_\_\_\_ food stamps      \_\_\_\_ other government assistance

Girl's Name: \_\_\_\_\_

**Parental Consent** (please place your initials next to each statement that you agree with. By signing below, you agree to these conditions)

\_\_\_\_\_ I understand that Florida considers Girls Incorporated “professionally mandatory reporters”. Chapter 39 of the Florida Statutes (F.S.) mandates that any person who knows, or has reasonable cause to suspect, that a child is abused, neglected or abandoned by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare shall immediately report such knowledge or suspicion to the Florida Abuse Hotline of the Department of Children and Family Services.

\_\_\_\_\_ I understand that in the event that Disaster Preparedness, under the direction of the State Emergency Management Act (Fla. Statute, Chap. 252), issues an evacuation order and closes the local schools due to weather, other hazardous conditions, or a natural disaster or in the event of uncontrollable circumstances that arise which necessitate the closing of the center, located at 201 S. Tuttle Avenue, radio and television have agreed to cooperate in advising the public of Girls Incorporated closing and reopening in such circumstances. If local schools are closed before or at the beginning of the school’s normal operating day, Girls Incorporated will be closed or will immediately close. In the event that such hazardous conditions arise and local schools are closed before Girls Incorporated normal operating pick up time for transporting children is scheduled, Girls Inc. will not open and will not transport or care for children until local schools reopen.

\_\_\_\_\_ I understand that Girls Incorporated will contact me in case of an emergency pertaining to my child. If I am unable to be reached, Girls, Inc. has my permission to seek medical attention for my child at the nearest medical facility.

\_\_\_\_\_ I give my permission for my child to participate in Kids Café. I understand that every safety precaution will be taken for my child. I agree to hold harmless All Faith’s Food Bank, Girls Incorporated, and those individuals acting on their behalf for any accident my child may have while participating in the program. If my child should become ill or injured during this activity, I understand the Kids Café will contact me immediately or contact the person(s) I have designated if I cannot be reached. Should the facility be unable to reach me or the person(s) designated, they are authorized to contact my child’s physician or arrange for immediate emergency treatment necessary to ensure the health and safety of my child.

\_\_\_\_\_ I have indicated any food allergies my child has. I understand that Girls Incorporated may require additional documentation from a health provider.

\_\_\_\_\_ I authorize Girls Incorporated, its agents, and others working for it or on its behalf to use my daughter's image/likeness/voice in still photos, slides, video productions, radio coverage, television coverage, interviews, testimonials, and/or any other media for the purpose of promoting and representing Girls Incorporated and its programs, and do hereby grant and convey unto Girls Incorporated all rights, title, and interest in the above media including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

\_\_\_\_\_ I, the parent or legal guardian, agree that in consideration of being given the rights and privileges of a student of the Swim Program, as either a paying or non-paying student, I hereby fully release, and shall in the future release, Girls Incorporated of Sarasota County and its Directors, Instructors, Agents, Officers, and Staff from any cause of action, claim or liability for damages or expenses, including but not limited to any claims for personal injuries, resulting from or arising out of any activity of the Swimming Program training, instruction, or related activities. I warrant that my child is in generally good health and physical condition, and that to the best of my knowledge does not suffer from any physical or mental disabilities. I will inform Girls Incorporated, in writing, of any changes in the physical or mental condition of my child that relates to the child’s ability to participate in the Swimming Program. I have had full opportunity to inquire into all the facets of the Swimming Program, including health and safety, and have done so to my satisfaction. I am willing to accept any risks inherent in this activity in the interest of having my child participate in the Swimming Program.

Girl’s Name: \_\_\_\_\_

**Parental Consent Continued** (please place your initials next to each statement that you agree with. By signing below, you agree to these conditions)

\_\_\_\_\_ I give my permission for my daughter to leave the Center under the supervision of a designated Center leader for an activity within walking distance and/or using transportation as deemed appropriate by the Executive Director. I will not hold Girls Incorporated of Sarasota County responsible in case of an accident. I understand that if Center participants leave the Center, notice of where they are going will be available at the administrative office. I give permission for my daughter to be transported by Girls Incorporated of Sarasota County. This may include but is not limited to vehicles owned and/or operated by Girls Incorporated of Sarasota County, Flanzer Jewish Community Center, Boys & Girls Club of Sarasota County and the Sarasota County School District. I understand it is my responsibility to drop off my daughter by the time designated for each field trip. I understand that if late, my daughter will not be able to remain at the center during field trips. I understand that inappropriate behavior while on a field trip may result in my daughter being excluded from future field trips. I understand and agree that Girls Incorporated of Sarasota County will not be responsible for any loss of personal property and/or injury.

\_\_\_\_\_ I, the parent or legal guardian, give Girls Incorporated of Sarasota County permission to access information from the Sarasota County School District (or private school where my child is registered) regarding my child's report card, attendance, FCAT scores, IEPs, and behavior/discipline issues. In addition, I give Girls Inc. of Sarasota County permission to release/exchange information and share communication in verbal, written, and/or electronic form with Girls Inc. National Office as well as other relevant institutions for research and evaluation purposes. I understand that this information will be used only for daily programming purposes and to collect information for granting purposes. Information collected will be reported to funders on a group basis only.

\_\_\_\_\_ Participants in Girls Inc. programs are encouraged to participate in surveys, focus groups and group discussions that provide feedback regarding their program experiences. This feedback is helpful in making programming decisions, improving Girls Inc. programs and reporting program effectiveness to funders. All comments made during these evaluations will remain confidential and will not be identified by name. I give my daughter permission to participate in program evaluations that take place during her Girls Inc. program activities.

\_\_\_\_\_ Girls Incorporated has my permission to discuss, at a level determined to be age and developmentally appropriate, the following subject matters: alcohol and alcohol abuse, chemical abuse, human sexuality, family planning, sexually transmitted diseases, any mental health issues, interpersonal and intrapersonal relationships, and values clarification.

\_\_\_\_\_ I understand that counseling is available for my child at Girls Incorporated. I give my child permission to participate in the Family Strengthening Program. Counseling may be done individually or as a group. This free service is limited to girls on a first come, first served basis or as recommended by Girls Inc. staff. A counselor may contact me, the guardian, at any point to discuss any issues.

\_\_\_\_\_ (During after school) I understand that if my child misses the bus, it is my responsibility to make arrangements for her to be picked up from school. In the event of an agency error, they will make transportation arrangements.

\_\_\_\_\_ I have read and understand all policies, procedures, and philosophies stated in the Girls Inc. Parent/Member Handbook. I understand that it is my responsibility to read and review these with my child.

\_\_\_\_\_ I will notify the administrative office if any information on this application changes. I will also notify the administrative office if my child will no longer attend Girls Incorporated or any classes at the center.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Girl's Name: \_\_\_\_\_





**girls  
inc.® Scholarship Program Application**

**Scholarship Award Letter**

**Family's Last Name:** \_\_\_\_\_

**Program Year:** \_\_\_\_\_ (please check one)

Afterschool

Summer

**Payment Schedule:**

Weekly (Friday's, a week in advance of new program week)

Monthly (15<sup>th</sup> of each month, a month in advance)

**CONGRATULATIONS!** Based on your scholarship application and documents submitted, your family will receive a \_\_\_\_\_% scholarship to attend programs at Girls Inc. Sarasota! Your program fee is \_\_\_\_\_. **(Please see box above for payment schedule).**

Please take time to review these requirements with your girl and family. Families are solely responsible for fulfilling these requirements. Without exception, unfulfilled requirements will result in immediate loss of scholarships. **Scholarships are available on a first come, first serve basis.**

- Your girl is required to attend our programs at least 3 days a week
- Your family is required to attend at least 1 Family Strengthening class a month **(sign-up sheets will be available)**
- Your girls is expected to participate in community service and citizenship endeavors while demonstrating leadership abilities by caring for others, programs and projects
- Parents are responsible for complying with the above mentioned scholarship payment schedule. A \$1 late payment fee will be applied to your Girls Inc. account per day payments are late.

**Please sign form below to acknowledge you have read and understand the scholarship guidelines mentioned above. Thank you for partnering with us on our mission!**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# girls inc.® Scholarship Program Application

**PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR A SCHOLARSHIP. THANK YOU!**

Girls Inc. scholarship program is a competitive program that supports our mission to inspire girls to be strong, smart, and bold! This is the prequalification process that requires specific documentations and full participation throughout the life of the program. Scholarships can be terminated if families do not adhere to the Scholarship Award Letter Guidelines stated in the scholarship award letter. Please complete information below for scholarship consideration.

**Scholarship % (office use):** \_\_\_\_\_ **Referring Agency:** \_\_\_\_\_  
**Siblings Discount (office use):** \_\_\_\_\_

Parent/Guardian Name: _____	Annual Income: _____
Girl Full Name: _____	Number of Household Members: _____
Girl Full Name: _____	School Lunch Program: Paid _____ Reduced _____
Girl Full Name: _____	Free _____

Please provide details about your family circumstances that financially disable you to pay the full program amount. All situations will be taken into consideration.

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**Please attach the following documents if currently employed or self-employed:**

- A copy of last year taxes 1040A Form
- Employment Verification Letter or Acceptance Letter (**must include employer name and contact, employee position, wages and hours**)
- 2 recent paycheck stubs (bi-weekly pay )
- 4 recent paycheck stubs (weekly pay)

**Please attach the following documents if currently unemployed or retired:**

- Official Unemployment Letter
- Government assistant programs (SSI, Food Stamps, etc.)
- Retirement Letter

Please sign below to acknowledge information and documents provided are factual.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STRONG, SMART & BOLD OUTCOMES SURVEY CONSENT FORM**  
**Youth, ages 9-12**



As part of a larger initiative, Girls Inc. of Sarasota County is taking part in the **Strong, Smart & Bold Outcomes Survey**. The survey will take place in Girls Inc. organizations across the United States and Canada, and asks girls questions about topics such as nutrition and physical activity, school engagement and grades, leadership and relationship skills, risky behaviors like alcohol, tobacco, and drug use, and her experience at Girls Inc.

The survey takes 20-30 minutes to complete.

The survey has been designed to be taken on-line, and will cause little or no risk to your daughter. The only potential risk is that some girls may find certain questions sensitive, like questions about cigarettes, alcohol or drugs. Girls will not put their names on the survey, and no one at Girls Inc. of Sarasota County will see girls' individual answers. A code will be used instead of girls' names. Your daughter's survey answers will be added to those from other girls' surveys so that we can better understand what Girls Inc. is like for her and for other girls across the U.S. and Canada. Further, no individual girl or organization will ever be mentioned by name in a report of the results. All information from the survey is being used to assess the wellbeing of Girls Inc. members and will be kept completely confidential. Girls Inc. and its evaluators, the Department of Health and Human Services, and Advarra IRB may have access to the survey data, but never in a way that can identify your daughter.

Your daughter will get no direct benefit right away from taking part in the survey. The results of the survey will help your daughter and other Girls Inc. girls in the future by assisting the national Girls Inc. organization to develop programming and activities that best meet girls' needs.

We would like all selected girls to take part in the survey, but the survey is completely voluntary, and no one is required to participate. Girls may answer some, none, or all of the questions. Girls may also stop taking the survey at any point. There will be no loss of benefits to you or your daughter if you/she decide not to take part or to stop taking the survey.

Your daughter will not be paid for taking part in the survey, and there is no cost to you.

For more information, you may contact Jamie Kattrein at 941-366-6646 or jamie@girlsincsrq.org

If you would like to see the survey, a review copy is available at the front desk. Si desea solicitar una copia en español, comuníquese al 941-366-6646.

Please complete the section below and return it by the time you return the application.

If you have additional questions or concerns about the survey, please contact Dr. Cristin Rollins, National Director of Research & Evaluation at Girls Inc., at crollins@girlsinc.org or [317] 634-7546 X130.

This study has been reviewed by an Institutional Review Board (IRB) to help ensure that your or your daughter's rights and welfare are protected and that this study is carried out in an ethical manner. For questions about your or your daughter's rights as a research subject, contact Advarra IRB at adviser@advarra.com or. [877] 992-4724 (toll free).

Girl's Name: \_\_\_\_\_ Girl's Age: \_\_\_\_\_

I have read this form and know what the survey is about.

PLEASE CHECK ONE OF THE BELOW:

- Yes, my daughter may participate in the survey.  
 No, my daughter may NOT participate in the survey.

Parent/Guardian name: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_  
PRINT SIGN

Date: \_\_\_\_\_

