

Enrollment Date: _____

School N #: _____

**Girls Incorporated of Sarasota County
Summer 2018**

How did you hear about our program?
(please circle one)

Friend
Staff

Family
Other: _____

School

Girl Information

First Name: _____ Last Name: _____

Date of Birth: _____ **As of 5/29/18** Age: _____ Grade: _____

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: _____

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: _____

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: _____

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, and discipline reports. In addition, I give Girls Incorporated 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 counseling 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: _____