

GIRLS INCORPORATED OF SARASOTA COUNTY

Membership Application and Information Form

AFTER SCHOOL 2009-2010

REGISTRATIONS ACCEPTED AT THE FACILITY ONLY

How did you hear about our program? Friend Family School Staff
 Other _____

Member Information:

First Name _____ Last Name _____ Birthdate _____

Age _____ Social Security #: _____ Race: _____

Address _____ City _____ State _____ Zip _____

School _____ Grade _____

Parent Information:

Mother's Name _____ Phone (H) _____

Home

Address _____

Place of Employment _____ (W) _____

Occupation _____ (C) _____

Father's Name _____ Phone (H) _____

Place of Employment _____ (W) _____

Occupation _____ (C) _____

Home Address if different from above _____

Legal Guardian if not mother or father _____

Place of Employment _____ Phone (H) _____

Occupation _____ (W) _____

Household Income and Information:

Does your child receive Lunch Assistance? FREE _____ REDUCED _____

Who does this child live with? Parents _____ Mother _____ Father _____ Grandparents _____

Other _____ One parent at a time _____

Number Living in Household: _____ Household Income: \$ _____ or _____ Do not wish to disclose

(This demographic information is used for Grant purposes and is helpful in determining our scholarship needs.)

Do you speak another language other than English at Home: Spanish _____ other: _____ (Please list)

Emergency Contact Information:

If parent(s) / guardian cannot be reached in case of emergency, who should be contacted:

1. Name: _____ Home # _____ Relation _____

Cell # _____ Work # _____

2. Name: _____ Home # _____ Relation _____

Cell # _____ Work # _____

Release Information:

MY CHILD MAY BE RELEASED TO:

MY CHILD MAY NOT BE RELEASED TO:

Medical Information:

Doctor's Name _____ Doctor's Phone _____

Should participant's activities be limited because of any health problem(s) such as allergies, previous surgery, etc?
If so, please list and describe:

Special Needs and Concerns: (Please Check if Applicable)

Custody Issue

Special Medical

Other Considerations

Yes ___ No ___

Yes ___ No ___

___ Learning

___ Mobility

___ Physical

___ Development

___ Visual

___ Multiple

___ Emotional

___ Hearing

___ IEP

___ Other _____

Are there any behavioral, medical or other issues we should be aware of?

Yes ___ No ___ If yes, please describe _____

*****PARENTAL CONSENT*****

Parents by signing below you agree to the following conditions listed below:

- I give my permission for my child to participate in Kids Café.
- I understand that Girls, Inc. 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 child permission to participate in field trips with her group in a Girls Inc. designated vehicle.
- I give permission for my child to be filmed or photographed for purposes of newspaper, TV or other media publicity.
- I give permission for my child to participate in the swimming program.
- I give permission for my child to provide written and verbal feedback on her program experiences.
- I have read and understand all policies, procedures and philosophies stated in the Girls Inc. Parent/Member Handbook. It is my responsibility to read and review these with my daughter.
- **I understand that all Girls Inc. payments are due in full no later than the 15th of the month prior for the following month. A \$1.00 per day late fee will be charged on all late payments. I understand that all fees are non-refundable.**
- 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.

Parent/Guardian Signature: _____ Date: _____

******* BY SIGNING THE APPLICATION FORM I HAVE AGREED TO THE FOLLOWING CONDITIONS ***** PLEASE READ AND INITIAL AT _____**

_____ GIRLS INCORPORATED OF SARASOTA COUNTY – Kids Café Permission Form

I give my child permission to participate in activities at Kids Café. I understand that every safety precaution will be taken for my child and I agree to hold harmless the All Faith's Food Bank. Girls Incorporated and those individuals acting on their behalf for any accident my child might 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 the immediate emergency treatment necessary to ensure the health and safety of my child.

_____ GIRLS INCORPORATED OF SARASOTA COUNTY – Membership Release & Agreement Form

I give my permission for my daughter to receive emergency medical treatment and to be hospitalized if necessary. I understand that every effort will be made to contact me before taking this action.

I understand that counseling is available for my daughter at Girls Incorporated. I give my daughter permission to participate in the counseling program. This free service is limited to girls on a first – come-first serve basis. Counseling may be done individually or as a group. A counselor may contact me, the guardian, at any point to discuss any issues.

Girls Inc 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, socially transmitted diseases, any mental health issues, inter-personal and intra-personal relationships, and values clarification.

I understand that program fees are due the 15th of each month for the following month (with the exception of August & September. See Front Desk). I agree to make payments on time. If I am unable to pay as scheduled, it is my responsibility to contact the Director of Program Operations to create a payment plan. I understand that outstanding balances may result in loss of my girl(s) membership and future events and/ or scholarship opportunities. I understand that my balance must be current before I may register my girl for upcoming sessions or activities. Outstanding balances are to be paid within 2 months of payment plan and must be made while paying current fees. A \$1 late fee will be added to each day my payments are past due.

In order to protect your child's safety, Girls Inc. reserves the right to not release my child to any person suspected of being under the influence of drugs or alcohol. In the event this should happen, law enforcement will be called immediately to further ensure the child's safety.

In the event that the 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 South Tuttle Avenue, radio and television have agreed to cooperate in advising the public of Girls Incorporated closing and re-opening 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's normal operating pick up time for transporting children is scheduled, Girls Incorporated will not open and will not transport or care for children until local schools re-open.

I give my permission for my daughter to receive emergency medical treatment and to be hospitalized if necessary. I understand that every effort will be made to contact me before taking this action.

I WILL NOTIFY THE ADMINISTRATIVE OFFICE IF ANY INFORMATION ON THIS APPLICATION CHANGES. ALSO, I WILL NOTIFY THE ADMINISTRATIVE OFFICE IF MY DAUGHTER WILL NO LONGER ATTEND GIRLS INCORPORATED OR ANY CLASSES AT THE CENTER.

**_____ GIRLS INCORPORATED OF SARASOTA COUNTY – Transportation and Field Trip
Permission Form**

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.

_____ GIRLS INCORPORATED OF SARASOTA COUNTY – Media Release and Consent

I authorize Girls Inc., 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.

_____ GIRLS INCORPORATED OF SARASOTA COUNTY – Swimming Release And Consent

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 by which 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.

**_____ GIRLS INCORPORATED OF SARASOTA COUNTY – Release of School Information
Permission Form**

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. 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.

**_____ GIRLS INCORPORATED OF SARASOTA COUNTY – Program Evaluation Release And
Consent**

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 OF SARASOTA COUNTY – Statement of Understanding

I acknowledge that I have received the "Parent/Member Handbook" of Girls Incorporated of Sarasota County. **I understand that it is my responsibility to read and review the handbook with my daughter. We both agree to abide by all policies, procedures, guidelines and STANDARDS OF CONDUCT set forth in the handbook.**

Parent Signature

Date

Member Signature

Date