

# Girls Place, Inc.

## 2010-2011 After School Sports and Recreation Camp Registration

### Child Information

Child's Name (First & Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Child's Name (First & Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Child's Name (First & Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

### Address

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

### Parent Information

Mother's/Guardian's Name (First & Last) \_\_\_\_\_ Email (checked regularly) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

Father's/Guardian's Name (First & Last) \_\_\_\_\_ Email (checked regularly) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

### Pick up limitations (Mother, Father, and Emergency Contact listed are assumed unless otherwise notified.)

CIRCLE "YES" next to the person's name if they are permitted to pick up. CIRCLE "NO" if that person is NOT permitted to pick up.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Yes or No

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Yes or No

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Yes or No

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Yes or No

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Yes or No

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Yes or No

### Emergency Contact (Please consider someone outside of your household with alternate contact information if neither parent can be reached.)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

### FOR OFFICE USE ONLY

Member # \_\_\_\_\_ GMD \_\_\_\_\_ Cash \$ \_\_\_\_\_ or Check \$ \_\_\_\_\_ # \_\_\_\_\_

**Demographic Information**

The following information is optional and ONLY used to assist us in obtaining funding and various grants. THIS INFORMATION WILL BE HELD CONFIDENTIAL.

**Child resides with** (Circle all that apply)

Mother    Father    Stepfather    Stepmother    Grandparent    Aunt/Uncle    Foster Parent    Other (please identify): \_\_\_\_\_

**Annual family income** (Check one)

€ 0 - \$17,000	€ \$17,000 - \$20,000	€ \$20,000 - \$23,000	€ \$23,000 - \$26,000	€ \$26,000 - \$29,000
€ \$29,000-32,000	€ \$32,000 - \$35,000	€ \$35,000 - \$38,000	€ \$38,000 - \$41,000	€ \$41,000 - \$44,000
€ \$44,000-47,000	€ 47,000 - \$50,000	€ \$50,000 - \$53,000	€ above \$53,000	

**Total people in household** \_\_\_\_\_

**Race** (Circle all that apply)

White    Black    Asian/Pacific Islander    Hispanic    American Indian/Alaska Native    Other (identify) \_\_\_\_\_

**How did you hear about Girls Place** (Circle any that apply)?

Referral from friend    Saw facility    Read about it    Received Handout    Other (please identify) \_\_\_\_\_

**Medical Information**

Doctor \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Medical Ins. Co. Name \_\_\_\_\_

Policy # \_\_\_\_\_ Hospital \_\_\_\_\_

Date of last Tetanus Immunization \_\_\_\_\_

Present Medical Problems and Chronic Conditions (epilepsy, asthma, etc) \_\_\_\_\_

Allergies (drugs, insect bites, etc) \_\_\_\_\_

Medicines taken regularly (medication cannot be distributed by Girls Place staff without a signed medical form and the medication must be provided by the parents – including Tylenol, inhalers, etc.) \_\_\_\_\_

Special Precautions/ Any other important information regarding your child \_\_\_\_\_

**Financial Need** (please circle)

My child qualifies for REDUCED lunch at school (written verification is required)      YES      NO

My child qualifies for FREE lunch at school (written verification is required)      YES      NO

**Please initial below**

By initialing below I, as the parent or legal guardian, acknowledge the following information or policies. I understand that my initials are not required for the photo release.

\_\_\_\_\_ **SPORTS AND RECREATION CAMP:** I understand that the after school program at Girls Place is a sports and recreation camp. With this in mind, I understand that my child will be introduced to a variety of sports and will participate twice a week in sports such as soccer, football, basketball, and Frisbee (please be prepared with sneakers).

\_\_\_\_\_ **HOMEWORK/TUTOR ASSISTANCE:** I understand that a time is designated each day of the week for homework help and tutoring. All girls will participate during this time. If they do not have homework they will be asked to read quietly or be given worksheets or tasks to help them with their academics.

**LATE PICK UP POLICY:** After School hours are from school release – 6:00 pm. Girls must be picked up by 6:00 pm. Parents or guardians will be charged \$1 for every five (5) minutes late beyond 6:02 pm.

**PAYMENT POLICY:** The membership fee must accompany this application for registration to be accepted. All fees are due in advance by the Friday prior to the week you child will be attending. FEES MUST BE PAID IN ADVANCE. IF FEES ARE NOT PAID IN ADVANCE, YOUR CHILD WILL BE UNABLE TO ATTEND.

**NON-SUFFICIENT FUNDS (NSF) POLICY:** All NSF checks will be charged a \$10 late fee. Please pay for all NSF checks with cash or money order, as they will not be deposited again. After two returned checks within one year, cash payments will be required thereafter for services plus any bank services accrued by Girls Place.

**PHOTO RELEASE:** I understand that during activities and events at Girls Place my child may be photographed or videotaped by Girls Place staff. I agree that my child or her likeness can be used in Girls Place publications including newsletters, fliers, and brochures in addition to local newspaper and television promotions.

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I have read and fully understand the contents of this application. I have completed the application to the best of my knowledge and ability. I understand that if any information listed in this application changes, I will notify GIRLS PLACE immediately. The child/children listed above has/have my permission to participate in the activities sponsored by GIRLS PLACE as noted on the after school schedules. In the case of an emergency an alternate person will be called if the parent(s) can not be reached by phone. The undersigned, individually and as parent or guardian of the participant, hereby authorize GIRLS PLACE to carry out any measures deemed necessary should an emergency occur, including at the expense of the undersigned, appropriate medical treatment for the participant, and hereby releases the GIRLS PLACE, its employees and agents, from any liability or claims arising out of the participant's engagement in the above described events.

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Signature of Parent / Guardian

Date

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**Questionnaire** *(Please complete in an effort to provide the most positive experience for your children)*

1. How many minutes of physical activity (*i.e., free play, organized sports, bike riding*) does your child get outside of Girls Place during the week? \_\_\_\_\_

2. What would you consider is your child or children's activity level outside of Girls Place? *(Please circle)*

Active      Moderately active      Not active

3. What types of community service activities (*if any*) would you like your child to be involved in this school year?

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4. What additional activities or programs should the Girls Place staff consider that would be of interest to you or your child?

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5. What physical, educational, social, or life skills would you like your child to gain while in the after school sports and recreation camp?

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6. What do you expect your child to gain from the programs offered at Girls Place?

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7. Below, please give us any input that you would like to share about Girls Place or the after school sports and recreation camp.

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