

Child's School: \_\_\_\_\_ Date \_\_\_\_\_

Has your daughter participated in Girls Inc. previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

Participant Name \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Information

1. Primary Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email Address \_\_\_\_\_ Receive updates via email? Yes ☐ No ☐

2. Other Primary Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

**Pick Up List** The following have my permission to pick up my child. Children must be signed out at the front desk with proper ID.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**In case of emergency** (other than guardians listed above):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**My child has a special medical condition, developmental issue, behavior issues, allergies, IEP or 504:** Yes ☐ No ☐

If yes, please describe:

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**PARENT / GUARDIAN CONSENT**

**A. RELEASE & AGREEMENT**

My child is joining Girls Inc. with my consent. I hereby release Girls Inc., its Board of Directors, agents, contractors, and employees from any and all claims, causes of action, liability, suits, or demands for compensation for injuries or property damage resulting from a) my child taking part in and/or assisting with any Girls Inc. activities, or b) designated Girls Inc. personnel administering emergency medical treatment. By joining Girls Inc., I agree that Girls Inc. may utilize photographs/video of the girls and/or their names in promotional materials about Girls Inc. programs such as in the Girls Inc. newsletter, the Girls Inc. website, articles in local newspapers, on websites and/or blogs, on Facebook, or on YouTube or in any other way Girls Inc. in its discretion desires to use them.

## B. PARTICIPATION IN GIRLS INC. PROGRAMS CONSENT

I believe the programs Girls Inc. provides are important to the educational, physical, social, and emotional development of my daughter. I believe she will learn important life skills. I believe she will have experiences and opportunities that I want her to have. I understand that in order to preserve her spot in the afterschool program, my daughter will make every effort to be at program on days she attends school. I understand that more than 3 absences in any 6 week session may result in dismissal from the program.

I am the parent/legal guardian of, and give permission for, \_\_\_\_\_ (my child) to attend Girls Inc. Afterschool Program including all activities and off-site field trips. I affirm that I am her legal custodian with the authority to grant this permission and release. I agree to hold harmless Girls Incorporated at YWCA Hamilton, its trustees, staff, agents, and volunteers from liability for any accident, damage, or injury sustained by my child during all activities and field trips.

Parent Name/Signature

Date

Thank you for providing the following information, which is collected solely for reporting to Girls Inc.'s funders. This information will be kept anonymous.

Annual Household Income	Number in Household	Ethnicity*	Participant Race*
\$0-5,000	1	Hispanic or Latino	African American
\$5,000-10,000	2	Not Hispanic or Latino	Asian
\$10,000-15,000	3		Caucasian
\$15,000-20,000	4		Multi-Ethnic
\$20,000-25,000	5		Native Hawaiian or Other Pacific Islander
\$25,000-30,000	6		American Indian or Alaska Native
\$30,000-35,000	7		Other
\$35,000-40,000	8+		
\$40,000-45,000			
\$45,000-\$50,000			
Over \$50,000			

### Participant lives with:

Both parents \_\_\_\_\_  
 Mother only \_\_\_\_\_  
 Father only \_\_\_\_\_  
 Guardian(s) \_\_\_\_\_  
 Parent/Step-parent \_\_\_\_\_  
 Grandparent(s) \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Does the participant qualify for: ☐ Free Lunch  
☐ Reduced Lunch  
☐ Neither

Parent Pre-survey

*We ask that you please fill out this quick questionnaire that we use the information to track our successes.*

**1. Outside of school, how much physical activity does your daughter get in a week?**

*Less than 1 hour      1-less than 3 hours      3-6 hours      7 hours or more*

**2. How healthy is your family's diet?**

*100% Healthy      Pretty Healthy      A Little Healthy      Not at all Healthy*

**3. Does your daughter pick healthy foods when given the option?**

*Always      Sometimes      Never*

**4. Have you talked to your daughter about ways to be healthy?**

*Yes      No      A Little*

**5. Does your daughter know what to do when confronted with a dangerous situation?**

*Yes      No      Maybe*

**6. Does your family have a designated "safe place" to meet, in case of fire or other emergency?**

*Yes      No*

Thank you for taking the time to fill this out.