



Eureka! Application

Parent/Guardian Name		Cell Phone	Home Phone
Address			
City	Zip Code	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
County	Email address		
I would like to receive correspondence via <input type="checkbox"/> Text Messages or <input type="checkbox"/> Email			
Are you working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Going to school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Employment		Work Phone	
Address		City	Zip Code

Child(ren) resides with Mother Father Both Other Relative _____ Other Non-Relative _____
 Do you qualify for the school lunch program? Yes No

Household Income <input type="checkbox"/> Under \$20,751 <input type="checkbox"/> \$20,751-34,550 <input type="checkbox"/> \$34,551-55,300 <input type="checkbox"/> Over \$55,300
Family Status <input type="checkbox"/> Single Mother <input type="checkbox"/> Single Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Other (Grandparent, Great grandparent, Aunt, Uncle)
Number in Household <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Above 6

In case of an **emergency**, if parent cannot be reached, please contact:

Name	Relationship (grandparent, friend, aunt, uncle, etc.)	Phone
Name	Relationship (grandparent, friend, aunt, uncle, etc.)	Phone

About Your Daughter

Child's Name (Last, First, Middle)		Birthdate ____/____/____
School	Grade	Age
Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Mixed Race <input type="checkbox"/> Other _____		
Girl's email address	Date Originally Enrolled in Girls Inc. ____/____/____	
Language(s) spoken at home Primary <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other _____ Secondary <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other _____		
Any allergies <input type="checkbox"/> No <input type="checkbox"/> Yes:		Disability <input type="checkbox"/> No <input type="checkbox"/> Yes:
Any medications <input type="checkbox"/> No <input type="checkbox"/> Yes:		
Child's T-shirt size Youth: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL		

Girls Incorporated of Metropolitan Dallas Permissions and Acknowledgements

My daughter(s), _____, has/have permission to participate in the programs of Girls Incorporated of Metropolitan Dallas.	
Please initial: _____	She has permission to be transported in the Girls Incorporated vehicles . I agree not to hold Girls Incorporated liable for any injury or accident which might occur.
Please initial: _____	I, _____, the parent or legal guardian of the above-named minor(s), do hereby authorize Girls Inc.'s use of my child's photograph and/or video image in printed materials for both internal and external promotional and corporate sponsor purposes. Girls Inc. shall own all rights to such photographs or video images.
<input type="checkbox"/> Yes <input type="checkbox"/> No Please initial: _____	She has my permission to swim during Girls Inc. programming. I agree that I will not hold Girls Incorporated of Metropolitan Dallas for any injury or accident that might occur while participating in the swim program.
<input type="checkbox"/> Yes <input type="checkbox"/> No Please initial: _____	I authorize Girls Incorporated of Metropolitan Dallas to obtain medical care for my child(ren) in the case of a medical emergency. I understand that I am financially responsible for the care given and that efforts will be made to contact the doctor of my choice.

Name of Health Provider: (i.e. Chip, Aetna, Unicare, Kids First, Parkland): _____

My daughter's doctor/clinic is:

Doctor's name/Clinic address
Phone #
Policy #

Date of last physical: _____

I have read and understand the policy statement of Girls Incorporated and will cooperate with staff to ensure my daughter(s) will comply with policies and procedures of Girls Incorporated of Metropolitan Dallas.

_____ / _____ / _____

Parent (Guardian's) Signature
Relationship to the child
Date

Girls Incorporated does not discriminate on any basis prohibited by applicable law including race, religion, sex, national origin, disability, age, veteran status, sexual orientation, and citizenship status.

Application Questions

1. Are you or have you been involved with Girls Inc. before?

YES _____ NO _____

2. Are you on any sports team, either in school or outside of school? If so, what sports are you involved in?

3. Have you ever taken swimming lessons? What is your comfort level in the pool on a scale from 1 to 10, with 1 not comfortable and 10 an expert swimmer?

1 2 3 4 5 6 7 8 9 10

4. Are you involved in any extracurricular activities at school? Please list them.

5. Will you be first generation in your family to attend college?

YES _____ NO _____

6. What is your comfort level with using technology? On a scale from 1 to 10, not comfortable and 10 an expert with technology.

1 2 3 4 5 6 7 8 9 10

7. How did you hear about Eureka?

8. Why do you want to be part of the Eureka! Program?

9. What is your favorite subject at school? Why?

10. What is your most challenging subject at school? Why?

11. How would your best friend describe you in three words?

12. What do you think you would gain from an experience like Eureka!?