



**Girls Incorporated of Metropolitan Dallas
Enrollment Form
2016-2017**

For office use only

Fee Paid: \$ _____
Date: ____/____/____
Verify Enrollment Form
complete: _____
Campus Director initials
ASSIGNED CODE: _____

Today's Date ____/____/____	Campus (<i>please circle</i>) Love Oak Cliff South West
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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	
Facebook: <input type="checkbox"/> Yes <input type="checkbox"/> No	FB Page:	Twitter:	
Place of Employment	Occupation:	Work Phone:	
Address		City	Zip Code

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			
Facebook: <input type="checkbox"/> Yes <input type="checkbox"/> No	FB Page:	Twitter:	
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:	Occupation:	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"/> Less than 10,000 <input type="checkbox"/> 10,000-15,000 <input type="checkbox"/> 15,000-20,000 <input type="checkbox"/> 20,000-25,000 <input type="checkbox"/> 25,000-30,000 <input type="checkbox"/> 30,000-50,000 <input type="checkbox"/> other
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

* Which station or newspaper do you like?

How did you hear about Girls Inc.? Radio* Television* Newspaper* Friend School Other

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

My child(ren) may be picked up from Girls Incorporated Site by the following people ONLY:

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About Your Child/Children

Child #1

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 @ Home <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ Secondary <input type="checkbox"/> English <input type="checkbox"/> Spanish <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:		Special Needs/ Accommodations:
Medical Condition:		
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		

Child #2

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 @ Home <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ Secondary <input type="checkbox"/> English <input type="checkbox"/> Spanish <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:		Special Needs/ Accommodations:
Medical Condition:		
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		

Child #3

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 @ Home <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ Secondary <input type="checkbox"/> English <input type="checkbox"/> Spanish <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:		Special Needs/ Accommodations:
Medical Condition:		
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.	
<i>Please initial:</i> _____	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.
<i>Please initial:</i> _____	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, televised or online 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 <i>Please initial:</i> _____	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 <i>Please initial:</i> _____	I give my daughter(s) permission to walk home from the Girls Incorporated Site.
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please initial:</i> _____	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.
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please initial:</i> _____	I authorize for Girls Inc. to have access to DISD school parent portal for report cards. Id: _____ Password: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please initial:</i> _____	I, _____ have attended Imagine Science in the past. IS Id# _____

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 #
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Child's Name	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
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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.

