



**Girls Incorporated of Metropolitan Dallas  
After school Enrollment Form  
2017-2018**

For office use only
<input type="checkbox"/> Fee Paid: \$ _____
Date: ____/____/____
Verify Enrollment Form complete: _____
Campus Director initials

At Girls Inc. of Metropolitan Dallas, it is our mission to inspire all girls to be strong, smart, and bold by impacting and enriching the lives of young girls in our communities. Due to restricted space and high demand for our service, we ask that you carefully review each of the following standards in regards to your daughter(s) participation in our afterschool program. Failure to abide by these standards may result in dismissal of program if accepted. *In order to reserve placement, you must agree to the terms and conditions:*

- All items on this form are to be completely filled out.
- All guardians must attend one of the orientation meetings and submit payment at that time (money order only) or reserved enrollment spot will be lost. Dates will be shared once enrollment is approved.
- Afterschool transportation will be provided only at certain schools.
- Girls must participate in the program a minimum of 3 days per week.
- Girls cannot be picked up prior to 5:30 p.m. unless it's prescheduled with staff or an emergency.
- Girls Inc. cannot provide transportation to take girls home at any time.
- All girls must be picked up between 5:30-6:30 p.m. A late fee of \$1 a minute per girl will be enforced.

Today's Date ____/____/____	Campus (please circle) Love      Oak Cliff      South
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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	
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			
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

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 <b>Youth:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <b>Adult:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL		
Has your child previously attended another Girls Inc. campus? <input type="checkbox"/> Yes <input type="checkbox"/> No Which location <input type="checkbox"/> Love Field <input type="checkbox"/> West Dallas <input type="checkbox"/> Oak Cliff <input type="checkbox"/> South Dallas Date Attended: _____		

**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 <b>Youth:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <b>Adult:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL		
Has your child previously attended another Girls Inc. campus? <input type="checkbox"/> Yes <input type="checkbox"/> No Which location <input type="checkbox"/> Love Field <input type="checkbox"/> West Dallas <input type="checkbox"/> Oak Cliff <input type="checkbox"/> South Dallas Date Attended: _____		

**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 <b>Youth:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <b>Adult:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL		
Has your child previously attended another Girls Inc. campus? <input type="checkbox"/> Yes <input type="checkbox"/> No Which location <input type="checkbox"/> Love Field <input type="checkbox"/> West Dallas <input type="checkbox"/> Oak Cliff <input type="checkbox"/> South Dallas Date Attended: _____		

## 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 <b>transported in the Girls Incorporated vehicles</b> . 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 <b>use of my child's photograph and/or video image, televised or online</b> 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 <b>permission to swim</b> 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 give my daughter(s) <b>permission to walk home</b> from the Girls Incorporated Site.
<input type="checkbox"/> Yes <input type="checkbox"/> No Please initial: _____	I authorize Girls Incorporated of Metropolitan Dallas to <b>obtain medical care</b> 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 #
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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) and I 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.*