

# Girls Incorporated of Washington County

626 Washington Avenue \* Hagerstown, MD 21740 \* 301-733-5430

## 2010 - 2011 MEMBERSHIP FORM

Date of Registration \_\_\_\_\_ Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Mother's email: \_\_\_\_\_ Cell Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Father's Employer \_\_\_\_\_

Father's email: \_\_\_\_\_ Cell Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Legal Guardian and Telephone # *(Only if different from parents listed above)*

I give my permission for my daughter's photo to be used in various Girls Inc. publications

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I give my permission for my daughter to attend any Girls Inc. field trip that may occur during the afternoon hours until 5:30 pm, throughout the school year. If any field trip is expected to extend past 5:30 pm, a special permission slip will be sent home to be signed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE CHECK ONE FROM EACH CATEGORY BELOW

This information is requested by our National Organization for statistical purposes only

#### Racial/ethnic profile

\_\_\_\_\_ Asian Amer/Pacific Islander  
\_\_\_\_\_ Black/African American  
\_\_\_\_\_ Hispanic American/Latina  
\_\_\_\_\_ Native Am/American Indian  
\_\_\_\_\_ White/European American  
\_\_\_\_\_ Multiracial/multiple heritage  
\_\_\_\_\_ Other \_\_\_\_\_

#### Family Configuration

\_\_\_\_\_ Living with two parents  
\_\_\_\_\_ Living with mother only  
\_\_\_\_\_ Living with father only  
\_\_\_\_\_ Living with 1 parent at a time  
(joint custody)  
\_\_\_\_\_ Living with neither parent

#### Yearly Household Income

\_\_\_\_\_ Below \$10,000  
\_\_\_\_\_ \$10,000 to \$15,000  
\_\_\_\_\_ \$15,000 to \$20,000  
\_\_\_\_\_ \$20,000 to \$25,000  
\_\_\_\_\_ Over \$25,000

#### Girls With Disabilities

\_\_\_\_\_ Learning disabilities  
\_\_\_\_\_ Emotional disabilities  
\_\_\_\_\_ Visual impairments  
\_\_\_\_\_ Hidden health disabilities  
\_\_\_\_\_ Multiple disabilities  
\_\_\_\_\_ Developmental disabilities  
\_\_\_\_\_ Mobility impairments  
\_\_\_\_\_ Hearing impairments  
\_\_\_\_\_ Other physical disabilities  
\_\_\_\_\_ Other disabilities  
List Other \_\_\_\_\_

Does your household qualify for the free or reduced lunch program? Yes \_\_\_\_\_ No \_\_\_\_\_

# \_\_\_\_\_ **PLEASE LIST THE TOTAL NUMBER OF CHILDREN UNDER THE AGE OF 18 LIVING IN THE HOME**



# 2010 - 2011 HEALTH HISTORY FORM

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
*Last First Initial*

HomeAddress \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
*Street City State Zip*

Emergency Telephone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Telephone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Family Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Date of last physical examination \_\_\_\_\_ Last tetanus shot \_\_\_\_\_

List any physical limitations \_\_\_\_\_

(Check all that your child has ever had)

**Health History**

**Diseases**

**Allergies**

**Other Illness (please explain)**

\_\_\_\_ Frequent Ear Infections  
\_\_\_\_ Convulsions  
\_\_\_\_ Diabetes  
\_\_\_\_ Bleeding/Clotting Disorders  
\_\_\_\_ Hypertension  
\_\_\_\_ Mononucleosis  
\_\_\_\_ Psychiatric Treatment  
\_\_\_\_ Heart Defect/Disease

\_\_\_\_ Chicken Pox  
\_\_\_\_ German Measles  
\_\_\_\_ Measles  
\_\_\_\_ Mumps

\_\_\_\_ Hay Fever  
\_\_\_\_ Insect Stings  
\_\_\_\_ Poison Ivy, etc.  
\_\_\_\_ Penicillin  
\_\_\_\_ Asthma  
\_\_\_\_ Other Drugs (list below)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Behavioral  
\_\_\_\_ Psychiatric  
\_\_\_\_ Other(list below)  
\_\_\_\_\_  
\_\_\_\_\_

Has your child received all immunizations required by the State of Maryland? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no please state reason. (medical, religious, etc.) Show of proof is required. \_\_\_\_\_

List any regular medication \_\_\_\_\_

Reason for taking this medication \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, indicate: Carrier \_\_\_\_\_ Group or Policy # \_\_\_\_\_

**THE AREA BELOW MUST BE COMPLETED FOR YOUR CHILD TO ATTEND**

**PLEASE LIST 2 EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN**  
**PARENTS WILL BE NOTIFIED FIRST IN CASE OF AN EMERGENCY**

Emergency Contact \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

2nd Emergency Contact \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the director to order X-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

# 2010 – 2011 VAN RULES

- No eating or drinking on the van.
- All girls must remain seated while the van is in motion.
- Girls may not put their hands or heads outside of the van windows.
- Once girls enter the van, they must stay on the van until they arrive at Girls Inc.
- Girls must listen to the van driver.
- Girls who do not follow the rules will receive a written warning.
- Please remind girls that poor behavior can lead to loss of van riding privileges.
- If a child does not attend and ride the van for two weeks they will lose their spot on the van.
- Van dues must be paid monthly in order for your child's spot to remain reserved.
- Girls who miss the van at their school, must contact their parent for a ride.
- **If schools are dismissed early due to inclement weather, the vans will not pick up, please make sure that the school has your plan as to how your child will get home in this situation.**
- Please contact Ms. Amy, the Program Director if your daughter will no longer ride the van. This allows us to add a girl from the waiting list.



Return this portion to Girls Inc.

I understand the above van rules

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Signature

\_\_\_\_\_  
Date

CHILDS NAME \_\_\_\_\_

Please check the following that apply:

\_\_\_\_\_ My child is allowed to walk home at the time Girls Inc. closes

\_\_\_\_\_ My child has permission to leave Girls Inc. on her own if she doesn't want to  
participate in a activity

\_\_\_\_\_ My child must be picked up

The following people may pick up my child:

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

*Please notify us of any changes in this information*

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND RETURN THIS CARD TO GIRLS INC.**

# 2010 – 2011 Parent Calendar

August 18 August 30	First Day of School & Afterschool program - center will close at 5 pm Evening Hours until 6:45 pm – Dinner program begins – Van pickup begins
September 6 September 14	Labor Day – <b>CLOSED</b> Primary Election Day- schools closed – <b>CLOSED</b>
October 1 October 15 October 29	2 ½ hours early school dismissal – center will close at 5 pm Schools closed – <b>center open 9 am – 5 pm for fieldtrip only</b> 2 ½ hours early school dismissal – center will close at 5 pm
November 1 November 2 November 24 November 25 – 26	Schools closed – <b>center open 9 am – 5 pm for fieldtrip only</b> Election Day – <b>CLOSED</b> Girls Inc. will close at 5 pm Thanksgiving Break – <b>CLOSED</b>
November 29 December 22 December 23 – December 31	Thanksgiving Break – <b>CLOSED</b> Girls Inc. will close at 5 pm Winter Break – <b>CLOSED</b>
January 14 January 17 January 18	2 ½ hours early school dismissal – center will close at 5 pm Martin Luther King Day – <b>CLOSED</b> Schools closed – <b>center open 9 am – 5 pm for fieldtrip only</b>
February 21	Presidents Day – <b>CLOSED</b>
March 4	2 ½ hours early school dismissal – center will close at 5 pm
April 1 April 18 April 20 April 21-22 & 25	Schools closed – <b>center open 9 am – 5 pm for fieldtrip only</b> Summer Camp Registration Begins 2 ½ hours early school dismissal – center will close at 5 pm Easter Break - <b>CLOSED</b>
May 30	Memorial Day – <b>CLOSED</b>
June 8	Tentative Last Day of School – Last Day of Afterschool program
June 13	First Day of Summer Camp
July 11 - 15	Camp <b>CLOSED</b> – Summer Vacation
August 5	Last Day of Summer Camp