



Girls Incorporated of Washington County
School Year 2023-2024 Program Registration

MEMBER INFORMATION
Name: Birthdate: Age:
Street Address:
City: State: Zip Code:
School: Grade:
Teacher: Does your daughter have an IEP?
If available, will your daughter be riding the van from school to our facility?
Will your daughter be participating in our dinner program?
PARENT/GUARDIAN INFORMATION
Parent/Guardian: Home Phone #:
Mother Father Foster Parent/Guardian Work Phone #:
Other - Relationship
Email: Cell Phone #:
Parent/Guardian: Home Phone #:
Mother Father Foster Parent/Guardian Work Phone #:
Other - Relationship
Email: Cell Phone #:

HOUSEHOLD INFORMATION

Number of people living in your home: How many children are under the age of 18?
Does your household qualify for free or reduced lunch program?
Is anyone in your household in the military? If yes, who?

Household Type:

- Two parent household
Living with Mother only
Living with Father only
Living with one parent at a time (joint custody)
Living with Foster parent
Living with grandparent/guardian/other relative

Home Language:

- English
Spanish
Other

Racial/Ethnic Profile:

- American Indian/Alaskan Native
Asian
Black/African American
Middle Eastern or North African
White
Multiracial
Native Islander
Other

Family Income:

- Less than \$10,000
\$10,001 - \$15,000
\$15,001 - \$20,000
\$20,001 - \$25,000
\$25,001 - \$30,000
\$30,001 - \$35,000
\$35,001 - \$40,000
\$40,001 - \$50,000
\$50,001 - \$60,000
\$60,001 - \$70,000
\$70,001 - \$80,000
More than \$80,000

Ethnicity:

- Hispanic/Latina/Latin American
Not Hispanic/Latina/Latin American

I acknowledge that all information on this form is correct. I will not hold Girls Inc. Staff Members or Board of Directors responsible for accidents.

Parent/Guardian Signature

Date



Girls Incorporated of Washington County
School Year 2023 - 2024 Health History
(Form must be completed in its entirety)

MEMBER INFORMATION		
Name:	Birthdate:	Age:
Street Address:		
City:	State:	Zip Code:
EMERGENCY CONTACTS (Will be contacted in the order in which they are listed)		
Primary Contact:	Phone #:	Relationship:
2 nd Contact:	Phone #:	Relationship:
3 rd Contact:	Phone #:	Relationship:
4 th Contact:	Phone #:	Relationship:
INSURANCE INFORMATION		
Provider:	Group/Policy#:	
CARE PROVIDERS		
Physician:	Phone #:	
Date of last physical examination:	Date of last tetanus shot:	
Has your daughter received all immunizations required by the State of Maryland? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please state the reason (medical, religious, etc. – Proof is required)	
Dentist:	Phone #:	
MEDICATION		
Medication:	Reason for taking:	Will your daughter need to take this medication while at Girls Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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MEDICAL CONDITIONS, ALLERGIES, DISABILITIES AND/OR PHYSICAL LIMITATIONS

Please list any medical conditions:	
Please list any allergies:	
Please list any disabilities:	
Please list any physical limitations:	

This health history is correct to the best of my knowledge. My daughter has permission to participate in all 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 my daughter in the event that 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.

Parent/Guardian Signature: _____

Date: _____

Girls Inc. Staff Signature: _____

Date: _____



Girls Incorporated of Washington County

School Year 2023 - 2024 Parent Consent

Please read carefully and check all that apply

- I give permission for my daughter to ride in a Girls Inc. staff member's personal vehicle while participating in a Girls Inc. activity.
- I give permission for my daughter's photo to be used in various Girls Inc. publications.
- I give permission for my daughter to attend any Girls Inc. field trip that may occur during the afternoon hours until 5:00 pm. If any field trip is expected to extend past 5:00 p.m., a permission slip will be sent home to be signed.
- I give permission for my daughter to participate in evaluation activities at Girls Inc. These activities may include taking surveys, testing for skill development and/or knowledge, discussion groups, and other formal and informal activities designed to evaluate the effectiveness of the Girls Inc. experience.
- I give permission for Girls Inc. staff to view my daughter's report cards/standardized test scores. (This will enable us to offer additional support in academics if needed.)
- If needed, I give permission for Girls Inc. staff to contact my daughter's teacher for additional support. (This will allow us to individualize services/support for your daughter if needed.)
- I have received a copy of the Girls Inc. Parent Handbook and will review it with my daughter. Please remember that fieldtrip participation may be denied if behavior incidents are documented or monthly dues are not current.

Member Name(s) _____
(Please Print Clearly)

Parent/Guardian Signature _____ Date _____



Girls Incorporated of Washington County School Year 2023 -2024 Financial Agreement

(This form must be signed and returned with the Registration Form)

FEE SCHEDULE:

Monthly Membership Dues	\$ 60.00
Late Payment Fee	\$ 25.00
Returned Check Fee	\$ 25.00

Monthly Fees are due by the **1st of each month**. Late Payment Fees will apply if payments are not received in a timely manner. If your account becomes delinquent, you may forfeit your daughter's space.

Automatic Credit/Debit Card Payments – if you will be using your credit/debit card for payment, consider signing up for the Automatic Credit/Debit Card Payment Program. Your information will be stored on our secure credit card processing site and the payment will be automatically processed on the 1st of each month. If you choose to participate in this program, please request an Agreement Form.

I understand and agree to the financial terms and conditions as listed above.

Member Name (please print):	Date:
Parent/Guardian Name (please print):	Phone #:
Parent/Guardian Signature	Email:



**Girls Inc. of Washington County
SCHOOL YEAR 2023/2024 - Pick-Up Card**

CHILD'S NAME _____

Please check the following that apply:

- My child is allowed to walk home.
- My child has permission to leave Girls Inc. on her own if she doesn't want to participate in an activity.
- My child must be picked up.

The following people may pick up my child:

Name _____ Phone# _____ Relationship _____

Name _____ Phone# _____ Relationship _____

Name _____ Phone# _____ Relationship _____

Name _____ Phone# _____ Relationship _____

Name _____ Phone# _____ Relationship _____

I understand that for the safety of girls, staff and families, my child will not be released if the person picking them up is parked in the No Parking Zone on Washington Avenue.

Parent signature

Date

PLEASE COMPLETE AND RETURN THIS CARD TO GIRLS INC.

Please notify us of any changes in this information.



AGREEMENT
Automatic Credit/Debit Card Charge

This agreement is made between Girls Incorporated of Washington County, 626 Washington Avenue, Hagerstown, MD and _____.

Parent/Guardian (Please Print)

I authorize Girls Incorporated of Washington County to charge my credit/debit card \$ _____ on the 1st of each month for monthly fees due to Girls Incorporated for

_____.

Member(s) Name (Please Print)

For the first month of attendance, my debit/credit card will be charged at the time of registration.

Charges should be made to my credit/debit card ending in (last 4 digits only) _____ with an expiration date of _____. I understand that Girls Incorporated will regularly make these charges unless notified by me. Should my credit/debit card be declined, I understand that an alternative method of payment will need to be made.

Signature

Date

Telephone

Email

Name on Card (please print clearly):

Credit Card Type: : Visa MasterCard Discover American Express

Credit Card #:

Expiration Date:

CVV2 Security Code:

Street Address: _____

City, State & Zip Code: _____



Member's Name: _____

I would like to sign up the following phone numbers for
the Remind App.

1. Name: _____
Phone Number: _____

2. Name: _____
Phone Number: _____

Parent/Guardian Signature: _____



Inspiring all girls to be strong, smart, and bold

2023 – 2024 Girls Inc. Parent Calendar

August 28 th	First day of school and first day of Girls Inc. After School Program.
September 4 th	Labor Day – Girls Inc. CLOSED
September 18 th - September 22 nd	Girls Inc. National Training – Girls Inc. CLOSED
October 13 th	Early Dismissal from school – Girls Inc. OPEN
October 20 th	Schools closed – Girls Inc. CLOSED
November 3 rd	Schools closed– Girls Inc. CLOSED
November 10 th	Early Dismissal from school – Girls Inc. OPEN
November 22 nd - November 24 th	Thanksgiving break – Girls Inc. CLOSED
December 22 nd January 1 st	Winter break – Girls Inc. CLOSED
January 15 th	Martin Luther King Jr. Day – Girls Inc. CLOSED
January 16 th	Schools closed – Girls Inc. CLOSED
February 9 th	Early Dismissal from school – Girls Inc. OPEN
February 19 th	Presidents’ Day – Girls Inc. CLOSED
March 8 th	Early Dismissal from school – Girls Inc. OPEN
March 28 th – April 1 st	Spring break- Girls Inc. CLOSED
April 26 th	Early Dismissal from school – Girls Inc. OPEN
May 14 th	School Closed - Girls Inc. CLOSED
May 20 th	Early Dismissal from school – Girls Inc. OPEN
May 27 th	Memorial Day – Girls Inc. CLOSED
June 11 th	Tentative last day of school – Girls Inc. OPEN