

JUNE 3 TO JULY 26, 2024

girls  
inc.

# SUMMER OF 2024 KINDNESS

Our 8-week summer program is packed full of fun, exploration, experiments, crafts, games, outdoor adventures, movies and swimming! The theme this summer is kindness, being kind to others and being kind to ourselves!

## REGISTRATION DETAILS

Girls ages 5 to 18 are invited to join us this summer! Full membership for the entire summer is \$250. Daily membership is \$10/day and allows families to pay only when members attend. Additional fees apply for early bird hours and swimming. Scholarships are available, ask for an application!

109 W. Third St., Madison, IN



[www.girlsincjc-in.org](http://www.girlsincjc-in.org)



812.265.5863



# Summer Registration 2024

8-Week Program – June 3 to July 26, 2024

*Inspiring all girls to be strong, smart, and bold*

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Address: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

List all allergies: \_\_\_\_\_

My child has a special health situation: \_\_\_\_\_

School: \_\_\_\_\_ Grade: K 1 2 3 4 5 6 7 8 9 10 11 12

Circle the grade they will be going into in the fall.

## HOUSEHOLD INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

☒ ☐ Lives at above address

☒ ☐ Lives at above address

## ADDITIONAL CONTACTS

(Girls Inc. will first attempt to contact those listed above, unless otherwise indicated. Additional names and contact information can be attached)

Emergency Contact



May Pick Up



Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

– Application continues on reverse –

## HOUSEHOLD INFORMATION (Continued)

PLEASE TELL US ABOUT YOUR FAMILY SITUATION:

We ask that you complete the following questions. The information below helps Girls Inc. receive the funds we need to offer our programs. This information will be held in the strictest confidence. **Please circle all that apply.**

### CHILD LIVES WITH

Two Parents  
Mother Only  
Father Only  
Joint Custody  
Neither Parent

### PRIMARY HOUSEHOLD INCOME

Less than \$10,000  
\$10,001 to \$20,000  
\$20,001 to \$30,000  
\$30,001 to \$50,000  
\$50,001 to \$75,000  
Greater than \$75,000

### ETHNICITY

African American  
Multiracial/Mixed Heritage  
Hispanic/Latina  
Asian American  
Caucasian/White  
Native American

Primary Language at Home:

English

Spanish

Other

Check all that apply: ☐ Qualify for Free/Reduced Lunch ☐ Child has an IEP ☐ Military Family

☐ **MEDIA RELEASE:** In consideration of her opportunity to appear in Girls Inc. promotional materials, the sufficiency of which I acknowledge, I agree not to hold Girls Inc., its officers, board members, volunteers and staff members responsible against loss from any claim, action or demand brought at any time by the minor or anyone acting on the minor's behalf for the purpose of enforcing any claim for damages on account of use of the minor's name, photography, voice or likeness.

☐ **MEDICAL CARE RELEASE:** I give permission for "my girl" to receive emergency treatment and to be hospitalized, if necessary.

As parent/legal guardian of \_\_\_\_\_ "my girl" I acknowledge the above media release, medical care release and give permission for my girl to participate in all programming provided by Girls Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This section to be completed by staff*

**PAYMENT OF FEES (Balance must be paid in full prior to child's first day)**

**Processed by:** \_\_\_\_\_

- ☐ **DEPOSIT - \$20 (Deposit paid at registration, credited to total membership fees)**
- ☐ **FULL MEMBERSHIP - \$250 (Does not include \$35 swim fee)**
- ☐ **DAILY MEMBERSHIP - \$10**

(Early bird drop offs between 7 a.m. and 9:45 a.m. are an additional \$5 a day.)

☐ **NEW TO GIRLS INC.**

☐ **RETURNING MEMBER**



# Summer Permission Slip

Girls Inc. of Jefferson County, IN

*Inspiring all girls to be strong, smart, and bold*

Member Name: \_\_\_\_\_

The child listed above has my permission to participate in the following Girls Inc. activities or field trips:



**ALL** (If a child is not signed up, we will not take her off the center premises.)

All activities outside of Girls Inc. premises. (This includes those listed below.)

**ONLY** (If a child is not signed up, we will not take her off the center premises.)

ONLY – Swimming Pool

ONLY – Walking Field Trips

ONLY – Special Outings

Is there anything else you would like to share with Girls Inc. staff?

I will not hold the drivers of any vehicle providing transportation, Girls Inc. of Jefferson County, IN, its officials, or staff, liable in the event of an accident or injury to my child while participating in these activities. It is understood that the staff of Girls Inc. of Jefferson County, IN, will make every effort to ensure the safety of all Girls Inc. members when participating in an Girls Inc. event.

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign the completed form and return it to a member of the Girls Inc. staff.  
Additional sign-up and/or permission slips for individual activities may still be required as they arise.