

Girls Incorporated® at the YWCA West Central Michigan

Enrollment Packet

Child's Name: _____ Age: _____ Birth Date: _____

Address: _____

City: _____ Zip: _____ Telephone: _____

Caucasian African American Hispanic Multi-Racial Asian/Pacific Islander

Native American Other _____

Parents/Guardians: Please read the statements below and place a ✓ mark next to the agree box.

Agree I allow my child to become a participant of the Girls Incorporated® at the YWCA West Central Michigan program. I also allow my child to take part in any studies, and activities related to the program.

Agree I give permission for my child to go on field trips with Girls Incorporated® at the YWCA West Central Michigan program.

Agree I grant permission to the YWCA West Central Michigan the right to show photos/
 Disagree video presentations of my child participating in group activities while attending
Girls Incorporated® at the YWCA West Central Michigan program. I understand that my
child's name will not be given, and the photographs will be used for presentations to the Board
of Directors, and funding organizations.

(Parent/Guardian Name – Please Print)

(Parent/Guardian Signature)

(Date)

***What is your relationship to the child named above? (Circle one)**

Mother Father Legal Guardian Other _____

In case of emergency contact: _____ Telephone: _____

***These People Have Permission to Pick Up My Daughter (Must be 18 or Older)**

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

(At least two non-parental individuals are required for Pick-Up. Use the back to list additional names).

Girls Incorporated® at the YWCA West Central Michigan

Parent Permission Form

Dear Parent or Guardian:

By signing below you are saying that you will allow your child to be a participant of Girls Incorporated® at the YWCA West Central Michigan. You are also saying that your child may take part in any studies, activities, and decision making to help find out if the program is addressing girls' needs.

Child's Name _____ Age _____

Address: _____ Zip Code _____

School: _____ Grade: _____

Telephone: _____ Emergency Telephone: _____

As my child participates in the Girls Incorporated® at the YWCA West Central Michigan programs, I agree to hold harmless the YWCA of West Central Michigan and its staff from any and all claims, suits, losses, or related causes of action for damages, including but not limited to such claims that may result from injury, accidentally or otherwise, during or arising in any way from the program.

Your Name (please print)

Your Signature Date

What is your relationship to the child named above? (circle one)

Mother Father Legal Guardian Other _____

Thank you for your support and help!

Girls Incorporated® at the YWCA West Central Michigan

Medical Information Form

In the event of any emergency, illness or accident, I grant permission for my child to receive immediate emergency care, (medication, hospitalization or surgery) upon recommendation of a qualified physician and on notification of program staff. I understand that I will be contacted at the earliest possible time.

SECTION I

(To be filled out by parent/guardian)

Child's Name: _____ Date: _____

Parent/Guardian: _____

Type of Health Insurance: _____

Policy Number: _____

Physician's Name: _____

List any special medical conditions (e.g. allergies, serious illnesses, etc.) _____

I have read the above and agree that Girls Incorporated® at the YWCA West Central Michigan **incurs no liability for injuries or accidents and their costs.**

Signature of Parent/Guardian

Phone Number

Name of Emergency Contact Person Other Than Parent: _____

Phone Number _____

Girls Incorporated® at the YWCA West Central Michigan

Transportation Permission Form

After-School

I, _____ give Girls Incorporated® at the YWCA
(Please Print)

West Central Michigan permission to transport my child _____
(Child's Name)
to and/or from programming (including Field Trips).

Signature: _____ Date: _____

Parent/guardian **will pick up child by 6:00 p.m.**

Other (explain) _____

DEMOGRAPHIC INFORMATION FORM

Date _____

The following information is confidential and helps the Girls Incorporated® at the YWCA West Central Michigan staff maintain accurate records of our participants for statistical purposes.

ETHNIC CODE OF CHILD (please check)

- African American Asian/Pacific Islander Multi-Racial
 Native American White Hispanic
 Other (specify) _____

AGE OF CHILD

- 9-11 12-14 15-18

FAMILY SIZE

Number of people in household _____

ZIP CODE

HOUSEHOLD INCOME (please check)

- Less Than \$5,000 \$5,000-9,999 \$10,000-\$14,999
 \$15,000-\$24,999 \$25,000-\$34,999 \$34,000-\$49,999
 \$50,000-\$74,999 \$75,000 - \$99,999 \$100,000 or more

HOW DID YOU HEAR ABOUT GIRLS INCORPORATED® AT YWCA WEST CENTRAL MICHIGAN?

- YWCA Counseling Center** **School** **Brochure**
 Professional Agency _____
 Other _____