

# girls inc.

of Taunton

## Summer Camp 2024

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**Registration Information**

**Member Name:**

**ENROLLMENT: Please indicate the weeks of enrollment:**

- |   |  |
|---|--|
| <input type="checkbox"/> Full Summer (weeks 1-8, hours 8:30 - 4:30)               | <input type="checkbox"/> Extended Hours (hours 7:30 - 8:30, 4:30 - 5:30) |
| <input type="checkbox"/> Week 1 (6/24 – 6/28) Leadership                          | <input type="checkbox"/> Extended Hours                                  |
| <input type="checkbox"/> Week 2 (7/1– 7/3) Community Action (*Closed 7/4 and 7/5) | <input type="checkbox"/> Extended Hours                                  |
| <input type="checkbox"/> Week 3 (7/8 – 7/12) Sporting Chance                      | <input type="checkbox"/> Extended Hours                                  |
| <input type="checkbox"/> Week 4 (7/15 – 7/19) STEM Operation Smart                | <input type="checkbox"/> Extended Hours                                  |
| <input type="checkbox"/> Week 5 (7/22 – 7/26) Economic Literacy                   | <input type="checkbox"/> Extended Hours                                  |
| <input type="checkbox"/> Week 6 (7/29 – 8/2) Media Literacy                       | <input type="checkbox"/> Extended Hours                                  |
| <input type="checkbox"/> Week 7 (8/5 – 8/9) Project Bold                          | <input type="checkbox"/> Extended Hours                                  |
| <input type="checkbox"/> Week 8 (8/12 – 8/16) Mind+Body                           | <input type="checkbox"/> Extended Hours                                  |

**CAMP SUPPLIES: Please note Camp T-shirts/tanks are required for field trip days & water bottles are required for daily use. Please label all member apparel. Girls Inc. will not be responsible for lost apparel. Our apparel is custom ordered based upon your selections below. Once submitted sizes can not be changed or exchanged.**

• **Deluxe Package: tank top, t-shirt, hooded sweatshirt, shorts and water bottle - \$125**

Sweatshirt -	Youth: S(6-8)	M (8-10)	L(10-12)	Adult: S	M	L	XL
T-shirt -	Youth: S(6-8)	M (8-10)	L(10-12)	Adult: S	M	L	XL
Tank -	Youth: S(6-8)	M (8-10)	L(10-12)	Adult: S	M	L	XL
Shorts -	Youth: S(6-8)	M (8-10)	L(10-12)	Adult: S	M	L	XL

• **Camp Package: t-shirt, shorts and water bottle - \$50**

T-shirt-	Youth: S(6-8)	M (8-10)	L(10-12)	Adult: S	M	L	XL
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• **Hooded Sweatshirt: \$50**

Youth: S(6-8)	M (8-10)	L(10-12)	Adult: S	M	L	XL
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• **Camp T-shirt: \$25**

Youth: S(6-8)	M (8-10)	L(10-12)	Adult: S	M	L	XL
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• **Camp Tank: \$25**

Youth: S(6-8)	M (8-10)	L(10-12)	Adult: S	M	L	XL
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• **Camp Shorts: \$30**

• **Water Bottle: \$10 \_\_\_\_\_ number**

**Payment Information:**

Weekly Rate: \$140 for regular camp hours (8:30 - 4:30)

Extended Hours: \$50/week extended hours (7:30 - 5:30)

Sibling Discount: \$20/off per week - \$120/week

A (non-refundable) deposit of \$100/week plus apparel costs is required with registration. The remaining balance for weeks 1-4 is due before the start of camp, The remaining balance for weeks 5-8 is due on 7/22. Members will not be able to attend camp unless payment is made in full and on schedule. Deposits are applied to the camp balance. If a change in scheduled weeks is needed contact us as soon as possible.

When complete, please return this form along with a copy of your member's physical and an invoice with your total be sent via our email system. Registration is not complete until the deposit is made. Payment may be made by credit card through our invoice system or by card, cash or check in person.



# Membership Application - Summer Camp 2024

## Member & Family Information:

Member Name: \_\_\_\_\_ School \_\_\_\_\_ Entering Grade \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Preferred Phone Number (cell) \_\_\_\_\_ Second Phone \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Employer \_\_\_\_\_

Address (IF different from Parent/Guardian 1) \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Contact Information:

Email(s) for Invoices \_\_\_\_\_ Email for Program Information \_\_\_\_\_

## Emergency Contacts and Permission to Release:

Three contacts (must be 18+) other than the Parents/Guardians listed above must be provided. In the event that the Parents/Guardians cannot be reached in an emergency, in case of early release or if the member is not picked up before closing, Girls Incorporated of Taunton is authorized to contact the following individuals. **Members will NOT be released to persons other than those listed unless notified by a parent in writing. Please be sure to provide a name that matches the name on the individuals photo ID.**

Contact 1 \_\_\_\_\_ Contact 2 \_\_\_\_\_ Contact 3 \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Town/City \_\_\_\_\_ Town/City \_\_\_\_\_ Town/City \_\_\_\_\_

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

Additional Authorized Individuals for Release: \_\_\_\_\_

DO NOT RELEASE MY MEMBER TO: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Child Custody Information:

Is there a court order in regard to the member's custody? \_\_\_\_ Yes \_\_\_\_ No  
Is there a restraining order in regard to who can have contact with the member? \_\_\_\_ Yes \_\_\_\_ No

If yes, a copy of the court order must be provided before the start of the program.

\_\_\_\_\_



**Member Health Information:**

\_\_\_\_\_  
Family Physician Name

\_\_\_\_\_  
Phone Number

**Medical History and Special Conditions:**

Diagnosed Medical Conditions:  
\_\_\_\_\_

Chronic or Recurring Illnesses:  
\_\_\_\_\_

Allergies: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

Injuries/Surgeries: \_\_\_\_\_ Activity Restrictions: \_\_\_\_\_

Current Medications (administered at home): \_\_\_\_\_

Reason for Medications: \_\_\_\_\_

Current Medications (administered at Girls Inc): \_\_\_\_\_

Reason for Medications: \_\_\_\_\_

\*Please be prepared to provide the medications in original containers with the Authorization to Administer Medication Form.

Is your member on an IEP, 504 or Safety Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide a copy of the plan.

If yes, does your member receive school or community support? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Special Conditions:** Please list any special conditions or physical limitations that the staff supervising your member should be made aware of in order for your child to have a positive Girls Inc. experience. Example: Fear of lightening, urinary accidents etc.

\_\_\_\_\_

**Parent Agreement:**

This health history is correct as far as I know and the person herein described has permission to engage in all prescribed program activities, except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the director in charge to act in the best interest of my member in the case of an emergency. I understand that every effort will be made to contact a responsible adult.

I am over the age of 18 and have read and understand the registration and payment policies of Girls Inc. of Taunton. I am aware that my member will not be able to attend Girls Inc. of Taunton programs without payment and a completed registration packet (including Member Application, Medical History and Immunization History).

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

## Demographic Information:

### Member's Race: (Please Check One)

Asian                       Multi-Cultural  
 African American        Native American  
 White/Caucasian  
 Other \_\_\_\_\_

### Language Spoken at Home:

English     French  
 Spanish     Creole  
 Portuguese  Other: \_\_\_\_\_

### Ethnicity:

Latina  
 Non-Hispanic

### Child Primarily Lives With:

Two Parents                       Neither Parent  
 Mother Only                       Other \_\_\_\_\_  
 Father Only  
 One Parent at a Time (Joint)

### Annual Household Income:

Under \$10,000  
 \$10,000 - \$15,000               \$50,000 - \$69,000  
 \$15,000 - \$17,000               \$70,000 - \$94,000  
 \$17,000 - \$20,000               \$95,000 - \$124,000  
 \$21,000 - \$24,000               \$125,000 - \$174,000  
 \$25,000 - \$29,000               \$175,000 - \$200,000  
 \$30,000 - \$49,000               Above \$200,000

### My member is eligible for:

Free Lunch  
 Reduced Lunch  
 Neither

## Parent Permissions: (initial)

\_\_\_\_\_ My member has permission to take part in all Girls Incorporated of Taunton activities unless such activity is limited by a pre-identified health condition listed on her medical history form. I am aware of the activities offered including, but not limited to: roller skating, sports, arts and crafts, the Girls Incorporated national identity curriculum, travel and walking field trips. In consideration of participation in activities and programs of Girls Inc. of Taunton and to use its facilities, equipment, and machinery, in addition to any fee or charge, I do hereby waive, release, and forever discharge Girls Inc. of Taunton and its officers, agents, employees, representatives, (collectively "Girls Inc."), from and all responsibilities or liability for injury and damages to my child, including those caused by negligent act or omission of Girls Incorporated of Taunton, or in any way arising out of our connection with my participation in any activities at Girls Incorporated of Taunton or the use of any equipment at Girls Incorporated of Taunton. I agree to adhere to all policies set by the Girls Incorporated of Taunton. I am aware that incomplete or unsigned registration forms will be returned to me for completion. I hereby give permission to the medical personnel selected by the directors to act in the best interest of my member in the event of an emergency. Further, I agree to release all employees, volunteers and agents of Girls Incorporated of Taunton from any and all liability or claims arising out of any such accident or emergency. Every effort will be made to contact the parent, guardian and emergency contacts.

\_\_\_\_\_ I have read and understand registration and payment policies of Girls Inc. of Taunton. I am aware that my child will not be able to attend camp without payment and a completed registration packet (including Member Application, Medical History and Immunization History). Two-weeks notice for withdrawal or change in weekly attendance is required.

\_\_\_\_\_ I understand that as part of Girls Inc. activities my child may participate in group activities designed and led by an Licensed Social Worker.

\_\_\_\_\_ Permission is granted for use of the publication, exhibition and distribution of any photographs, films, video tapes, voice recordings, etc. for public relations and marketing purposes and are the sole property of Girls Incorporated of Taunton. If you **DO NOT grant permission for your member's photo/video to be used in any way, a recent photo of your child must be attached to the application.**

\_\_\_\_\_ I understand that I am fully responsible for all membership fees and late pick up fees for which my child is registered for. **ALL fees are non-refundable. Membership Fee: \$50 (New members only), Weekly Fee: \$140/week, Sibling Rate: \$115 per week, Extended Hours: \$50/Week Late Fees: \$25 up to 15 minutes late, \$1 for every minute after**

\_\_\_\_\_ The right to membership depends upon respect for Girls Incorporated of Taunton, staff, volunteers, members, rules and equipment. Membership is a privilege and may be suspended for inappropriate behavior. In the event of inappropriate or dangerous behavior, an incident report will be sent home. If three reports are issued within one program, the member may be suspended from the program for an amount of time to be determined by Girls Incorporated of Taunton.

\_\_\_\_\_ If a member requires an early release due to a medical event or behavioral violation parents must arrange for pick up within **30 minutes of being contacted.** Late fees will be applied if later than 30 minutes. Members requiring 1-to-1 aids for assistance are required to provide one at their own expense.

\_\_\_\_\_ We recommend that all campers and staff wear sunscreen with a SPF of at least 25 on all exposed skin, including lips, even on cloudy days. We encourage the use of wide brim hats, long sleeve s and pants. We recommend that all campers and staff use bug spray with DEET according to recommendations on product label. Parents/Legal Guardians will be responsible for providing their child with enough sunscreen and bug spray (in sealed containers) to take with them for applications throughout the day. Please include one container of each per child, labeled with your child's name. Camp staff will be responsible for ensuring thorough follow-up applications after as needed. Please note, this will mean your child may have sunscreen and bug spray applied to them by the camp staff. Please explain this to your child prior to camp.

\_\_\_\_\_ I have been provided with access to a parent handbook and have reviewed the policies provided. As stated in our handbook, parents and guardians have the right to review our policies on background checks, health care and discipline as well as procedures for filing grievances. This program must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health. I agree to abide by the terms, conditions and payment schedule of Girls Incorporated of Taunton.

Parent/Guardian Signature: \_\_\_\_\_

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