



Workshop Registration Form 2024

Workshop (circle one): February Vacation April Vacation Other _____
Days attending (circle one): M T W T F or Full Week

Member & Family Information:

_____		_____	_____	
Member Name:		School	Entering Grade	
_____	_____			
Age	Date of Birth			
_____		_____	_____	_____
Parent/Guardian 1		Relationship	E-Mail (REQUIRED for invoicing)	Employer
_____		_____	_____	_____
Phone (Home)		Phone (Cell)	Phone (Work)	
_____		_____	_____	
Address		Town/City	State	Zip Code
_____		_____	_____	_____
_____		_____	_____	_____
Parent/Guardian 2		Relationship	Phone	Employer
_____		_____	_____	_____
Address (IF different from Parent/Guardian 1)		Town/City	State	Zip Code
_____		_____	_____	_____

Emergency Contacts and Permission to Release & Custody Information:

Three contacts (must be 18+) other than the Parent/Guardians listed above must be provided. In the event that the Parent/Guardian 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.**

_____	_____	_____
Contact 1	Contact 2	Contact 3
_____	_____	_____
Phone	Phone	Phone
_____	_____	_____
Relationship	Relationship	Relationship

Additional Authorized Individuals for Release: _____
DO NOT RELEASE MY MEMBER TO: _____ **Relationship:** _____

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.

Medical History and Special Conditions:

Diagnosed Medical Conditions: Chronic or Recurring Illnesses: _____
Allergies: Activity or Dietary Restrictions: _____

Is your child on an IEP, 504 or Safety Plan? ____ Yes ____ No If yes, please provide a copy of the plan.
If yes, does your child receive school or community support? ____ Yes ____ No

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



Demographic Information:

Member's Race: (Please Check One)

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

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 \$30,000 - \$49,000
 \$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: Please initial the following policies:

My child 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 and travel and walking field trips. In consideration of participation in activities and programs of Girls Inc. of Taunton and to use it's 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 the 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 director to act in the best interest of my child 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.

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. Members requiring 1-to-1 aids for assistance are required to provide one at their own expense.

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.

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) Weekly Fee: \$125/week Sibling Rate: \$100/week, Late Fees: \$20 up to 15 minutes late, \$1/add minute

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. 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 child 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



FEBRUARY VACATION PROGRAM 2024 EXISTING MEMBER REGISTRATION FORM



February 19th - 23rd / 7:30AM - 5:30PM / Cost: \$125

Member Name: _____ Age: _____

Parent/Guardian 1 Name: _____ Phone: _____

Parent/Guardian 2 Name: _____ Phone: _____

Member of 2023-2024 After-School Program

2023 Summer Camp Member

Emergency Contact/Permission to Release:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Photo Release: Permission is granted for the use of publication, exhibition and distribution of any photographs, films, video, voice recordings, etc. for public relations and marketing purposes and are the sole property of Girls Inc.

Permission to Participate: My child has permission to take part in all Girls Inc. of Taunton activities unless such activity is limited by a pre-identified health condition. Activities include but are not limited to roller skating, cooking, and Girls Inc. National Identity Programs.

Please list an allergies or medical conditions: _____
In the event of an emergency, I hereby authorize Girls Inc. of Taunton to carry out any measure deemed necessary for my child's well-being, including securing appropriate medical treatment at the expense of the undersigned. Further, I agree to release all employees, volunteers and agents or Girls Inc. of Taunton from any and all liability or claims arising out of any such activity or emergency.

Registration Fee: Weekly membership fee is \$125. This fee is due at the time of registration. Late fee: \$15 for the first 15 minutes of late pick-up and \$1/minute thereafter. I understand that I am responsible for the registration fee and any late fees for which my child is registered.

Parent/Guardian Signature

Date