

Limited

2024-2025 After-School Program



LIMITED Membership Application - After School Program 2024-2025



Start Date: _____

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:

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: _____

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.

Release To Talk With School Personnel:

This is to confirm that the _____ School, its principals, teachers, nurses, and counselors have my permission to release pertinent documents and to discuss with school personal regarding my child with an authorized Girls Inc. of Taunton staff person.



Demographic Information:

Member's Race: (Please Check One)

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

Language Spoken at Home:

- English
- Spanish
- Portuguese
- French
- Creole
- Other: _____

Ethnicity:

- Latina
- Non-Hispanic

Child Primarily Lives With:

- Two Parents
- Mother Only
- Father Only
- One Parent at a Time (Joint)
- Neither Parent
- Other _____

Annual Household Income:

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

My member is eligible for:

- Free Lunch
- Reduced Lunch
- Neither

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 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.



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, snacks and late pick up fees for which my child is registered for. **ALL fees are non-refundable.**

_____ **Limited memberships are purchased in 5 day pass increments. Day passes can only be used during the after-school program. Day passes can not be used during full day activities. Limited memberships do not expire.**

- Fees: \$100 for 5 day pass**
- Sibling Rate: \$75 for 5 day pass**
- Late Pick-Up Fees: \$20 up to 15 minutes late, \$1 for every minute after**
- Late Payment Fee: \$25**

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