



Girls Incorporated of Sioux City Enrollment Form – Fall/Spring 2020-2021

Fall 2020 Hours: 7:30 am to 5:30 pm Monday- Friday

ALWAYS CHECK CLASS DOJO!

1st Quarter 2nd Quarter

(you will be charged for each session selected)

Girl/Girls' Name(s)	Age	Birth Date	School	Grade-Fall '20

Parent/Guardian and Emergency Contact Information

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other – Explain:	Last Name:	First Name:	Contact Numbers:
			Cell: _____
			Work: _____
			Other: _____

Address of Family/Girl(s):

(Street)

(City)

(State)

(Zip)

Child/Children live with (check all that apply) Mother Father Legal Guardian Other/Explain:

Shelter/Motel/Vehicle/Campground/no address

MAY NOT PICK-UP: Is there a court order that restricts anyone from contact with child/children? Whom?

Note: It is the parent/guardian responsibility to provide a copy of the documents. **Please speak with Program Director.

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other – Explain:	Last Name:	First Name:	Contact Numbers:
			Cell: _____
			Work: _____
			Other: _____

<input type="checkbox"/> Emergency Contact #1 (required)	Last Name:	First Name:	Cell/Home/Work:	Can pick up
Relationship:				<input type="checkbox"/> YES
				<input type="checkbox"/> NO

<input type="checkbox"/> Emergency Contact #2 (required)	Last Name:	First Name:	Cell/Home/Work:	Can pick up
Relationship:				<input type="checkbox"/> YES
				<input type="checkbox"/> NO

<input type="checkbox"/> My child/ren has a Worker	Last Name:	First Name:	Cell/Work:	Can pick up
<input type="checkbox"/> will be meeting at Girls Inc.				<input type="checkbox"/> YES
				<input type="checkbox"/> NO

Mom works at:	Dad works at:
---------------	---------------

I certify all information is true/complete and that I will update this form as soon as any changes are made. I understand that I must attend an orientation session for new families (one for school year/one for summer). I understand that my child must be picked up by closing time and that the Police Department will be contacted if parents are late. Girls Inc. may call, text, or contact through any means possible for emergencies and/or late pickups. Membership may be revoked for girls whose parents are late. There will also be late fees. I also understand that my child must be able to function appropriately in a group setting. I consent for my child to speak with a counselor contracted by Girls Inc. I consent for School District and/or DHS employees to speak with Girls Inc. staff about academic/behavioral issues. I've read and understand the discipline and parent responsibility policies of Girls Inc.

Signature: _____

Date: ____/____/____

OFFICE USE ONLY

New Returning Dates: Enrolled _____ Orientation _____
 Application is complete Joining Fee paid Receipt Check # _____ Notified of weekly rate

Ethnic/Racial information is requested by nationals and funders (United Way, etc.) for statistical use. It will not be shared with identifying information; i.e. shared only in aggregate.

Ethnic/Racial Heritage Information – for statistics only		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Black or African American <input type="checkbox"/> White (Select 2 or more for multi-racial)	
Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Other: _____		
I understand that fees are due each week on Friday and if there is a problem paying I will speak with the Program Director: <input type="checkbox"/> No <input type="checkbox"/> Yes	Child may be photographed: <input type="checkbox"/> No <input type="checkbox"/> Yes Child may attend walking &/or transported field trips with staff: <input type="checkbox"/> No <input type="checkbox"/> Yes I understand girls must check in their cell phones at the desk. <input type="checkbox"/> No <input type="checkbox"/> Yes	I understand that: Girls may not walk to/from GI: <input type="checkbox"/> No <input type="checkbox"/> Yes Girls may not be picked up or dropped off on/from field trips/off-site locations: <input type="checkbox"/> No <input type="checkbox"/> Yes Adult signature required to leave: <input type="checkbox"/> No <input type="checkbox"/> Yes
Health Record: <i>We can't help if we are not aware – please provide full information</i>		
Allergies or Restrictions (which child, what happens after contact, and severity):		
Operations or Illnesses (which child, description, dates):		
Behavioral/Emotional/Trauma Issues (which child, describe):	IEP? (Which child, attach a copy) <input type="checkbox"/> No <input type="checkbox"/> Yes Best IEP Contact:	
All Regular Medications (even if not given at Girls Inc.):	Will Girls Inc. be administering meds? <input type="checkbox"/> No <input type="checkbox"/> Yes *FORM REQUIRED* Describe:	
In the event that I am unable to be reached and my child/children require(s) immediate medical, surgical, dental care (et al), I hereby give permission for Girls Inc. staff and doctors/dentists (et al) to administer appropriate treatment. I also agree to pay all costs and fees in conjunction with these treatments. Every effort will be made to notify parents in case of emergencies. This form will be presented to emergency professionals upon contact for treatment: Insurance: _____ Signature: _____		May we give your child Tylenol if necessary? <input type="checkbox"/> No <input type="checkbox"/> Yes Family Doctor(s): Family Dentist:
Confidential Concerns/Issues/History My girl(s) have been affected by (check all that apply)		
<input type="checkbox"/> overweight/fitness <input type="checkbox"/> struggles in school <input type="checkbox"/> ADD/ADHD (diagnosed) <input type="checkbox"/> shyness/withdrawn <input type="checkbox"/> foster care/shelter	<input type="checkbox"/> stress/anxiety/worry <input type="checkbox"/> bullies/is bullied (circle one) <input type="checkbox"/> nutrition/eating disorder <input type="checkbox"/> reading/writing <input type="checkbox"/> homeless past/current	<input type="checkbox"/> body image <input type="checkbox"/> attention/focus issues <input type="checkbox"/> past sexual abuse <input type="checkbox"/> underweight/won't eat <input type="checkbox"/> making/keeping friends
<input type="checkbox"/> parent in prison <input type="checkbox"/> anger issues <input type="checkbox"/> hygiene <input type="checkbox"/> trauma (explain) <input type="checkbox"/> perfectionism		
Other/Explain: _____ _____ _____		