



ENROLLMENT FORM - SUMMER 2021

Girls Ages 6-18

Monday - Friday 7:30 am to 5:30 pm

June 1 - July 2 & July 12 - August 13

PARENT/GUARDIAN INFORMATION (Complete all that apply.)

MOTHER'S First Name	Last Name	Employer	Cell Phone	Work Phone
Home Address		City	State	Zip Code
FATHER'S First Name	Last Name	Employer	Cell Phone	Work Phone
Home Address		City	State	Zip Code
GUARDIAN'S First Name	Last Name	Employer	Cell Phone	Work Phone
Home Address		City	State	Zip Code

EMERGENCY CONTACT(S) INFORMATION (Two contacts not residing at same home required.)

First Name	Last Name	Cell Phone	Work Phone	Can Pick Up
				<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	Cell Phone	Work Phone	Can Pick Up
				<input type="checkbox"/> Yes <input type="checkbox"/> No

MAY NOT PICK UP

Is there a court order that restricts anyone from contact with your child/children? Yes No Please explain:
 (Note: It is the parent/guardian's responsibility to provide a copy of the documents.)

HEALTHCARE PROVIDERS AND MEDICAL CONSENT

My Family Healthcare Providers
Doctor Name and Phone Number:
Dentist Name and Phone Number:
Emergency Medical Consent
In the event that I am unable to be reached and my child requires medical, dental or surgical treatment while in the care of Girls Inc. of Sioux City, I hereby grant permission to the hospital, doctor, dentist or their designees to administer such medical, dental or surgical care/treatment as may be appropriate or deemed necessary. I agree to pay all costs and fees resulting from any such emergency medical, dental, or surgical care/treatment for my child as secured or authorized under this consent. This consent shall remain in effect from the date submitted until such time as my child is no longer enrolled with Girls Inc. of Sioux City.
Parent/Guardian Signature: _____ Date: _____

ENROLLMENT CERTIFICATION

I certify that all of the information in this enrollment form is true and complete to the best of my knowledge. I understand that my child/children must meet the age requirements and must be able to function appropriately in a group setting. I further understand that my child's/children's enrollment is not complete until I have submitted/completed all required forms and fees and her/his/their enrollment has been confirmed. I understand that all fees paid are nonrefundable and that I will be responsible for all fees associated with the sessions for which I enroll her/him/them.

Parent/Guardian Signature

Date

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THIS SECTION FOR OFFICE USE ONLY

Date Enrollment Received: _____ Date Enrollment Completed: _____

- | | | | |
|------------------------------------|-----------------------------------------------------------|-----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Enrollment Form Complete | <input type="checkbox"/> Food Form Returned | <input type="checkbox"/> Activity Fee Paid |
| <input type="checkbox"/> Returning | <input type="checkbox"/> Parent Responsibilities Returned | <input type="checkbox"/> Orientation Attended | <input type="checkbox"/> Survey Consent Form |

****COPY AND COMPLETE THIS SIDE FOR EACH GIRL YOU ARE ENROLLING ****

SELECT SESSION(S)

Session 1: June 1 - July 2 **Session 2: July 12 - August 13**

CHILD REGISTERING (She must be 6 or turn 6 within 30 days of start of session.)

First Name	Last Name	Age	Birth Date	School	Grade Fall '21	Shirt Size (circle)

ETHNIC/RACIAL HERITAGE INFORMATION (Select 2 or more for multiracial.)

- American Indian/Alaska Native Asian Black/African American Hispanic/Latino Pacific Islander White

PLEASE NOTE: Ethnic/racial information is for statistical purposes only for grants and other funders. This information is confidential and will not be shared with any identifying information.

LANGUAGE(S) SPOKEN AT HOME

- English Spanish Other: _____

CHILD LIVES WITH (check all that apply): Mother Father Legal Guardian Other: _____

CHILD'S ADDRESS (if she does NOT live with parent or guardian)

Address and Street	City	State	Zip Code

CHILD'S HEALTH INFORMATION (Please provide FULL information so we may best meet her needs.)

Allergies or Restrictions? Yes No (If Yes, which child, what happens after contact, and severity):

Operations or Illnesses? Yes No (If Yes, which child, describe):

Behavioral/Emotional/Trauma Issues? Yes No (If Yes, which child, describe):

Regular Medications? Yes No (If Yes, which child, list ALL medications even if not given at Girls Inc.):

Will Girls Inc. be administering medication(s)? Yes No (If Yes, which child, which medication, describe):

IEP? Yes No (If Yes, which child, please attach a copy):

Best IEP Contact:

May we give your child Tylenol if necessary? Yes No

Confidential Concerns/Issues/History (Please check that apply to your child.)

<input type="checkbox"/> overweight/fitness	<input type="checkbox"/> stress/anxiety/worry	<input type="checkbox"/> struggles in school	<input type="checkbox"/> anger issues	<input type="checkbox"/> parent in prison
<input type="checkbox"/> underweight/won't eat	<input type="checkbox"/> making/keeping friends	<input type="checkbox"/> reading/writing	<input type="checkbox"/> bullies/is bullied	<input type="checkbox"/> foster care/shelter
<input type="checkbox"/> body image	<input type="checkbox"/> perfectionism	<input type="checkbox"/> attention/focus issues	<input type="checkbox"/> past sexual abuse	<input type="checkbox"/> homeless past/current
<input type="checkbox"/> nutrition/eating disorder	<input type="checkbox"/> shyness/withdrawn	<input type="checkbox"/> ADD/ADHD (diagnosed)	<input type="checkbox"/> trauma (explain)	<input type="checkbox"/> hygiene

Other/explain:

MY CHILD HAS A SOCIAL WORKER Yes No

First Name	Last Name	Cell/Work Phone	<input type="checkbox"/> Yes, will be meeting at Girls Inc.