



**Girls Incorporated of Worcester  
Registration Form 2014-2015**

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

Grade K – 6: One Time Registration Fee: \$25.00  
Grade 7 – 12: Annual Registration Fee: \$25.00

\*Additional forms may be required for specific programs\*

**MEMBER INFORMATION:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Circle one: My child receives: **Free Lunch** **Reduced Lunch** **Neither**

Child currently lives with \_\_\_\_\_ Relationship to child \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

E-mail Address \_\_\_\_\_

Circle One: Custodial Parent Non-Custodial Parent Guardian

Marital Status: Married Partnered Divorced Single Widowed Separated

Primary Language spoken at home \_\_\_\_\_ Secondary language (if applicable) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

E-mail Address \_\_\_\_\_

Circle One: Custodial Parent Non-Custodial Parent Guardian

Marital Status: Married Partnered Divorced Single Widowed Separated

Primary Language spoken at home \_\_\_\_\_ Secondary language (if applicable) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMERGENCY CONTACTS & AUTHORIZED PICK-UPS: (In case of Emergency, Parents/Guardians are always contacted first)**

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Authorized Pick-Up Yes No

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Authorized Pick-Up      Yes                  No

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Authorized Pick-Up      Yes                  No

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Authorized Pick-Up      Yes                  No

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Authorized Pick-Up      Yes                  No

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Authorized Pick-Up      Yes                  No

**MEDICAL PERMISSION FORM:** By signing this registration form, I give permission for my child, \_\_\_\_\_

to receive emergency treatment and to be hospitalized at my expense, if necessary. I understand that every effort will be made to contact me before taking this action. I also agree to update Girl Inc. of Worcester if there are any changes in the following information.

**Doctor's Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Preferred Hospital** \_\_\_\_\_

**Medical Insurance Carrier** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**Please Briefly List Any Allergies, Medications, and/or Health Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Girls Incorporated Activity Permission:**

1. I give permission for my child to participate in Girls Incorporated programs and to be transported by Girls Incorporated staff to and from these activities, field trips, and school centers. I understand that my medical coverage is the primary insurer for my child and will not hold Girls Inc. responsible in case of an accident. **Parent/Guardian Initials** \_\_\_\_\_
2. I give permission for images in print and electronic form and videos taken of my child during program to be used for public relations purposes in newsletters, brochures, annual reports and for publicity on our website, social media, radio, television and newspapers. **Parent/Guardian Initials** \_\_\_\_\_
3. I am aware there is a late fee of \$15.00 for each 15 minutes that I am late to pick up my child. **Parent/Guardian Initials** \_\_\_\_\_
4. Any and all deposits are non refundable/ non transferable. **Parent/Guardian Initials** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

**How did you first hear about Girls Incorporated?**

(Please circle) Newspaper/Radio/Television    Internet                  Family/Friend                  Other \_\_\_\_\_

125 Providence Street  
Worcester, MA 01604

Tel: (508)755-6455  
Fax: (508)798-9847





**Girls Inc. of Worcester**  
**Medical History Form**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Allergies:** (Please specify all that apply)

Animals: \_\_\_\_\_ Food: \_\_\_\_\_ Plant: \_\_\_\_\_

Insect Stings: \_\_\_\_\_

What does the reaction look like? \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

**Health Conditions:**

Vision Problems: \_\_\_\_\_ Wears Glasses: \_\_\_\_\_ Hearing Loss: \_\_\_\_\_ Tubes in Ears: \_\_\_\_\_ Fainting: \_\_\_\_\_

Nose Bleeds: \_\_\_\_\_ Special Dietary Needs: \_\_\_\_\_

Restricted Activities: \_\_\_\_\_

**Medications:**

Is your child currently on any medications: Yes \_\_\_ or No \_\_\_

If yes, for what reason(s): \_\_\_\_\_

Please list any additional information that you would like us to be aware of (all information is both confidential and helpful to the adult in charge of your child)

\_\_\_\_\_  
\_\_\_\_\_

My child may participate in all activities except those noted above. I give the camp director and staff permission to secure medical treatment and or hospital care for my child in case of an emergency.

\_\_\_\_\_  
Parent Signature Date

**Any medication must have written directions from the Physician and Parent. All meds must be in the original container. If we do not have this permission and authorization, we cannot administer the medication under State Regulations. (see Authorization To Administer Medications to A Camper)**

**This form must accompany your child's registration form for camp. Registration will not be complete and your child will not be allowed to attend camp without this completed health form and a copy of your child's most recent and up to date immunization records.**

125 Providence Street  
Worcester, MA 01604  
[Tel:\(508\)755-6455](tel:508755-6455)  
Fax: 508-798-9847

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_



# SUMMER CAMPS 2015

FOR OFFICE USE ONLY

8 Themed Camp Weeks

Super Camp for girls in grades K-6: \$220 per week;  
 Summer STEM & Leadership Camp for girls in grades 7 and up: \$100 per week

	Tuition Charge	FA/Scholarship	Summer STEM	Payment	Balance
<b>Week 1: 6/29/15</b> Super Camp: <i>"This Land is Your Land"</i> Summer STEM: <i>"Throw Like a Girl!"</i>					
<b>Week 2: 7/6/15</b> Super Camp: <i>"Lions &amp; Tigers &amp; Bears, Oh My!"</i> Summer STEM: <i>"Fuel Her Fire!"</i>					
<b>Week 3: 7/13/15</b> Super Camp: <i>"Gidgets, Gadgets &amp; Gizmos"</i> Summer STEM: <i>"Seeds &amp; Sprouts!"</i>					
<b>Week 4: 7/20/15</b> Super Camp: <i>"Slippery, Slimy, Ooey &amp; Goopy"</i> Summer STEM: <i>"Unsolved Mysteries!"</i>					
<b>Week 5: 7/27/15</b> Super Camp: <i>"Pop, Pop, Popcorn"</i> Summer STEM: <i>"I'll Have a Slice of 'Pi' Please!"</i>					
<b>Week 6: 8/3/15</b> Super Camp: <i>"I Spy"</i> Summer STEM: <i>"Trailblazers!"</i>					
<b>Week 7: 8/10/15</b> Super Camp: <i>"Pump it Up"</i> Summer STEM: <i>"Code Red!"</i>					
<b>Week 8: 8/17/15</b> Super Camp: <i>"Girls Inc.'s Got Talent"</i> Summer STEM: <i>"Girls Just Wanna Have Fun!"</i>					