Girls Incorporated of Worcester
Registration Form 2014-2015

Date:_____ **One Time Registration Fee: $15.00** ***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

SELF-DECLARATION OF INCOME REPORT

Federal regulations require that we obtain this information to document that assistance is being provided to Low and moderate income households. The Participant/Guardian should complete this form including all persons residing in their household, regardless of whether or not they are related. The Contractor should retain this form for monthly reporting requirements as well as for on-site monitoring visits.

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITHOUT YOUR PERMISSION EXCEPT AS REQURIED BY HUD TO CONFIRM INCOME ELIGIBITY OF PARTICIPANTS IN CDBG FUNDED PROGRAMS. THE CITY OF WORCESTER HAS THE RIGHT TO VERIFY THE FAMILY INCOME AS REPRESENTED.

PARTICIPANT INFORMATION

PARTICIPANT STATUS: [ ] FAMILY [ ] INDIVIDUAL

Participant Name: _____

Address: _____
(Street, City, State, Zip Code)

ETHNICITY *(please select only one):*

[ ] Hispanic or Latino [ ] Not Hispanic or Latino

RACE *(please select only one):*

[ ] White
[ ] Black/African American
[ ] Asian
[ ] American Indian/Alaska Native
[ ] Native Hawaiian/Other Pacific Islander
[ ] American Indian/Alaskan Native *and* White
[ ] Asian *and* White
[ ] Black/African American *and* White
[ ] American Indian/Alaskan Native *and* Black/African American
[ ] Other Multi-Racial:_____

HOUSEHOLD INFORMATION

1) Circle the number of family and non-family members living in your household below.

2) Circle the corresponding annual household income level

INCOME LIMITS EFFECTIVE DECEMBER 18, 2013

Household Size	Annual Income 0 – 30%	Annual Income 31 – 50%	Annual Income 51 -80%	Annual Income 81% and above
1 person	$0 - $18,450	$18,451 - $30,700	$30,701 - $44,750	$44,751 & up
2 persons	$0 - $21,050	$21,051 - $35,100	$35,101 - $51,150	$51,151 & up
3 persons	$0 - $23,700	$23,701 - $39,500	$39,501 – 57,550	$57,551 & up
4 persons	$0 - $26,300	$26,301 - $43,850	$43,851 - $63,900	$63,900 & up
5 persons	$0 - $28,450	$28,451 - $47,400	$47,401 – 69,050	$69,051 & up
6 persons	$0 - $30,550	$30,550 - $50,990	$50,991 - $74,150	$74,151 & up
7 persons	$0 - $32,650	$32,650 - $54,400	$54,401 - $79,250	$79,251 & up
8 persons	$0 - $34,750	$34,750 - $57,900	$57,901 - $84,350	$84,351 & up

I certify that the above information is true and correct to the best of my knowledge,

Participant/Guardian:_____ **Date:** _____