

# GIRLS INCORPORATED OF WORCESTER SUMMER PROGRAMS REGISTRATION 2012

## Child's Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall \_\_\_\_\_

School \_\_\_\_\_ Email \_\_\_\_\_

Indicate your child's special needs and medication concerns \_\_\_\_\_

Medications \_\_\_\_\_ Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

## Immunization records required for children attending

## Family Information

Mother/Guardian's Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Alternate pick-up person \_\_\_\_\_

## Parental Permission

I give permission for my child to participate in Girls Incorporated activities and for my child to receive emergency treatment to be hospitalized, at my expense, if necessary. I understand the Director may dismiss my child from the program if in her/his opinion the conduct of my child is not in the best interest of the total program. Initial \_\_\_\_\_

I give permission for my child to be transported by Girls Inc. of Worcester either by bus or van with Girls Inc. of Worcester staff to/from Camp Kinneywood and the Winthrop Building. Initial \_\_\_\_\_

I give permission for photographs and videos in print and electronic form taken of my child during programs at Girls Incorporated to be used for public relations purposes, publicly and privately for newsletters, brochures, annual reports, website, radio, television, and newspapers. Initial \_\_\_\_\_