



GIRLS INCORPORATED OF WORCESTER  
SUMMER STEM PROGRAM REGISTRATION 2011



**Child's Information**

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

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

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

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

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

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

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

Allergies \_\_\_\_\_

**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 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate pick-up person \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

<u>Income Level:</u> Please Circle	<u># of people in Household:</u> Please Circle	<u>Ethnic Background:</u> Please Circle
Under \$17,000	1	Asian/Pacific American
\$17,000 to \$20,999	2	Black/African American
\$21,000 to \$24,999	3	Latino/Hispanic American
\$25,000 to \$49,999	4	Indian/Native American
\$50,000 and above	5	White/European American
	6	Multiracial/Multiple Heritage

**Parental Permission**

- I give permission for my child to participate in Girls Incorporated activities and Signature programs and to be transported by Girls Incorporated staff or by bus to and from these activities, field trips and school centers. 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. I understand that medical coverage is the primary insurer for my child and will not hold Girls Inc. responsible in case of an accident. Parent/Guardian initials \_\_\_\_\_
- I give permission for images in print and electronic form and videos taken of my child during programs at Girls Incorporated to be used for public relations purposes, publicly and privately for newsletters, brochures, annual reports, and for publicity on Girls Inc.'s website, radio, television, and newspapers. Parent/Guardian initials \_\_\_\_\_
- 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 \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# SUMMER STEM PROGRAM 2011



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

## Summer STEM Program

July 11 - August 15

9:00 AM - 2:00 PM

Date	Extended AM \$15	Extended PM \$15	Charge	Payment	Balance
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Week 1: July 11 - July 15

### **"You Are What you Eat"**

The Science of Food


Week 2: July 18 - July 22

### **"Who Dunit"**

Crime Scene Chemistry


Week 3 : July 25 - July 29

### **"We've Got the Power"**

Exploring sources of energy


Week 4: August 1 - August 5

### **"Color Me Green"**

Creating a Greener  
Community


Week 5: August 8 - August 12

### **"Mind, Body, Spirit"**

Connecting Through  
Kinesiology


Week 6: August 15 - August 19

### **"Imagination"**

Video Game & Graphic Design
