**Girls Inc. of Worcester**

**Summer Camp Registration Form 2019**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Registration Fee: $25.00**

**NOTE: A $25 deposit is required for each week your child is attending. Weekly payments are due 2 weeks prior to the start of the week your child is attending**

**\*Additional forms may be required\***

**Summer Program Themes 2018**

**Super Camp K – 6 grade** (Check all that apply):   
 Week 1: June 24-June 28, "Express Yourself and Magnify Your Mind!" Extended Day   
 Week 2: July 1 – July 5 (Closed Thursday, July 4), “Around the World” Extended Day  
 Week 3: July 8 – July 12, “Buggin’ Out” Extended Day  
 Week 4: July 15 – July 19, “#sWET!” Extended Day  
 Week 5: July 23 – July 27, “Be Insta-fabulous!”Extended Day  
 Week 6: July 29 – August 2, “Adventureland” Extended Day  
 Week 7: August 5 – August 9, “Girls Inc. Olympics” Extended Day   
 Week 8: August 12 – August 16, “Girls Inc.’s Got Talent!” Extended Day

**STEM & Leadership Camp** **7th grade and Up** (Check all that apply):  
 Week 1: June 24 – June 28, “Project ‘Funway.’” Extended Day   
 Week 2: July 1 – July 5 (Closed THURSDAY, July 4), “Turning Back the Clock.” Extended Day  
 Week 3: July 8 – July 12, “The Game of Life...Twists & Turns.” Extended Day  
 Week 4: July 15 – July 19, “Investigate & Navigate.” Extended Day  
 Week 5: July 22 – July 26, “Watcha eating?” Extended Day  
 Week 6: July 29 – August 2, “Energizing.” (extended hours on FT day) Extended Day   
 Week 7: August 5 – August 9, “Green Spaces.” Extended Day  
 Week 8: August 12 – August 16, “We’ve Got the Beat.” Extended Day

**CHILD INFORMATION:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Age \_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade \_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in Fall 2019 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle one:** I would like my daughter to receive a free brown-bagged lunch and snack: **Yes No**

**Circle One:** Is there a parentor guardian currently serving in the military: **Yes No**

**PARENT/GUARDIAN INFORMATION:**

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

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

**Relationship: *(Circle One****)* Custodial Parent Non-Custodial Parent Guardian Foster Parent

**Do you live with the child?** Yes No

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

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Relationship: *Circle One****:* Custodial Parent Non-Custodial Parent Guardian Foster Parent

**Do you live with the child?** Yes No

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)***

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the child   
Authorized Pick-Up Yes No

2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the child   
Authorized Pick-Up Yes No

3. 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 (animals, food, plant, insect stings) as well as what a reaction looks like, Medications, and/or Health Concerns:**

Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Health Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Dietary Needs:

Restricted Activities:

**Girls Inc. Activity Permission:**

1. I give permission for my child to participate in Girls Inc. programs and to be transported by bus, Girls Inc. van or walk 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, electronic form and videos taken of my child during program, as well as my child’s name, to be used for public relations purposes in newsletters, brochures, annual reports and for publicity on our website, social media, radio, television, newspapers and by our community partners. **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 payments are non-refundable/ non-transferable. **Parent/Guardian Initials** \_\_\_\_\_\_
5. I acknowledge the availability of a grievance policy that is available upon written request. **Parent/Guardian Initials\_\_\_\_\_\_\_**

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

**How did you first hear about Girls Inc. of Worcester?**

(Please circle) Newspaper/Radio/Television Internet Family/Friend Other Girls Inc. Member Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

125 Providence Street

Worcester, MA 01604

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



**Girls Inc. of Worcester Child Demographic Questions**

**\*All information provided on this form will be kept confidential**

**.**

**Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When did your child first start coming to Girls Inc?: (Month/Year)\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your child’s birth date? (Month/Day/Year) \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_
2. In what school / grade is your child in now?
   1. School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is your child’s ethnicity?
   1. Hispanic or Latino
   2. Not Hispanic or Latino
4. What is your child’s race?
   1. Asian American or Pacific Islander American
   2. Black or African American
   3. Hispanic, Latina, or Latin American
   4. Middle Eastern / North African
   5. Native American or American Indian
   6. White, European American, or Anglo
   7. Multiracial/multiple heritage
   8. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What is your child’s primary language?
   1. Albanian
   2. Creole
   3. English
   4. French
   5. Polish
   6. Portuguese
   7. Spanish
   8. Swahili
   9. Twi
   10. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Which language do you speak most often at home?
   1. Albanian
   2. Creole
   3. English
   4. French
   5. Polish
   6. Portuguese
   7. Spanish
   8. Swahili
   9. Twi
   10. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. What is your child’s gender/sex?
   1. Female
   2. Male
   3. Non-binary/Other
8. What is your family’s total household income each year?
   1. Less than $10,000
   2. $10,000-$17,000
   3. $17,001-$30,000
   4. $30,001-$50,000
   5. More than $50,000
9. Which family members does child live with?
   1. Two parents
   2. Mother only
   3. Father only
   4. One parent at a time (joint custody)
   5. Grandparent(s) or other relatives
   6. Foster parent(s)
   7. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   8. None of the above
10. How many people live in your household, including the child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Girls Inc. of Worcester**

**Medical History Form** **2019-2020**

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 Girls Inc. 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

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Fax: 508-798-9847

**Sunscreen Policy**:

Parents/guardians should provide spray-on sunscreen for use during the camp day. Sunscreen sent to camp, preferably the spray type, should be placed in a sealed plastic bag and labeled with the child’s first and last name. In the event your child does forget her sunscreen, Girls Inc. does have a limited supply of spray-on sunscreen available for us.

Parents/guardians are responsible for applying the first layer of sunscreen prior to morning drop-off and provide it for use during the camp day. During the camp day, staff will take all reasonable and appropriate steps to help each child reapply sunscreen using spray-on sunscreen only to exposed skin– including the face, the tops of ears, bare shoulders, arms, legs, & feet– prior to campers’ participation in outdoor programs. Each child is responsible to rub in the sunscreen in areas that are reachable on their own after it has been sprayed. Staff is able to help children in hard to reach areas including the shoulders and back if it is exposed with parent/guardian permission.

Please initial the option that applies:

\_\_\_\_\_ I give permission to Girls Inc. staff to aid my child in putting on spray-on sunscreen.

\_\_\_\_ I give permission to Girls Inc. to use agency spray-on sunscreen in the event my child does not have any.

\_\_\_\_\_ I **do not** give permission to Girls Inc. staff to aid my child in putting on spray-on sunscreen.

Parent Signature Date

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