UNIVERSITY
2020
APPLICATION
Registration Requirements

All of the following items are required in order for your registration to be complete. We apologize for any inconvenience the additional documentation adds. It is required due to our government funding, which enables us to keep your costs low.

- Complete Application Packet (6 Pages) for each participant
- $50 Processing Fee for each participant
- $150 Tuition Fee for each week
- Report Card (end of school year) submitted by Monday, June 29th
- Proof of Residency for primary Parent/Guardian (ex: Photo ID or check stub with proper Address, utility bill or mortgage/rent which lists address)
- Copies of photo IDs for all household members over the age of 18
- Copies of Social Security card for all household members over the age of 6
- Proof of all household income for persons over the age of 18 (ex: 8 current and consecutive check stubs, signed letter from employer on company letterhead, TANF records, food stamps, free and reduced lunch verification, alimony/child support, unemployment & disability income, armed forces income, pension/retirement income)
- If there is no-income in the household, you must complete a notarized Self-Certification form. Self-Certification forms are available at Girls Inc.
- If you are self-employed, you must complete a Self-Certification of Self Employment form.

Registration materials can be dropped off in the locked mailbox in front of Girls Inc., by fax to 770-499-2386, or by email to Bridget Trawick at btrawick@girlsincatl.org. Questions specifically regarding application materials can also be directed to Bridget Trawick at the email address above.

Your registration is not complete, and your spot will not be held until we have received your completed application packet, processing and weekly fees, this includes ALL supporting documentation.

Please note that when you register you are committing to pay for all weeks of Girls Inc. University you are registered for.
Parent Orientation

In addition, a parent/guardian for each participant is required to attend the mandatory parent orientation **Thursday, June 18th 6pm-8pm** on Zoom. Registration is required.

There will be 5 groups at Girls Inc. University:
- Freshman – Rising 1st & 2nd Grade
- Sophomores – Rising 3rd & 4th Grade
- Juniors – Rising 5th & 6th Grade
- Seniors – Rising 7th & 8th Grade
- Grads - Rising High School Students

Each group will have no more than 12 participants to ensure social distancing. This means Girls Inc. University will fill quickly! If your participants’ age group is filled, you will be placed on a waiting list. Because you can register by the week, you may be admitted some weeks but not other weeks.

Programming Schedule

You will receive a specific schedule for your child’s group at parent orientation.

In addition, some activities will be scheduled on a weekly basis including weekly field trips, which may vary for each group.

Week One: “Build Your Future”
**STEM:** Girls will experience the “World of STEM” thorough project-based learning, experimentation and creative activities interwoven into each fun filled day.
**Monday, July 6, 2020-Friday July 10, 2020**

Week Two: “Girl Boss”
**Business & Entrepreneurship:** During the Business and Entrepreneurship our Girl Bosses will do career exploration as well as learn what it takes to start their own businesses including how to develop a product, create a marketing plan.
**Monday, July 13, 2020 – Friday, July 17, 2020**

Week Three: “Girl Boss” Part Deux
**Business & Entrepreneurship:** During week two of Business and Entrepreneurship week our Girl Bosses will continue to work on their businesses including product creation and participate in a virtual sales day.
**Monday, July 20, 2020 – Friday, July 24, 2020**

Week Four: “Fit & Fabulous”
**FUN & Fitness:** Fitness should be always be fun! So, for Fun & Fitness week our girls will have a blast learning about how different fitness activities like sports, dance and meditation will keep them looking Fabulous.
**Monday, July 27, 2020 – Thursday, July 30, 2020**
Attendance

Girls Inc. University hours are from 7:30AM to 5:30PM. Girls will not be allowed to be dropped off early even if staff are present in the building as this prevents staff from preparing for the day. All girls are to be picked up by 5:30PM or late pick up fees will be assessed.

Our primary program hours are between 9:00 AM and 5:00 PM. The hours from 7:30 AM to 9:00 AM and 5:00 PM to 5:30 PM are considered before and after-care and will be informal/wellness activities. We request that participants arrive no later than 9:00 AM every day and are picked up after 5:00 PM to take full advantage of our program. Girls arriving after their group has left on a field trip will not be able to attend that day, we are not able to delay field trips for tardy participants. Parents will not be allowed to drop participant off at any field trip. Participants arriving after 9:00 AM on non-field trip days will still be able to join programming, however, if late arrival persists, participants will not be admitted after 9:00 AM. No participant will be allowed to enter after 12pm on any camp day for any reason! In addition, no participant will be allowed to be picked up then returned to camp on the same day.

Parents/Guardians or authorized representatives are required to remain in their vehicles and staff will come to your car between the hours of 7:30 am and 9:30 am to greet your child for drop off. Please call the office if you are dropping off after 9:30am. and picking up before 4:00pm. Between the hours from 4:00 pm-5:30 pm please remain in your vehicles and staff will escort your child to your car. Please do not drop your child off in the parking lot without staff present. Only people listed in this packet will be allowed to pick up the participant, and people picking up girls will be asked to show ID.

Parents/Guardians are responsible for informing us if your participant will be absent on any given day. Please contact us no later than 9:00 AM. This is especially important for field trip days.

Illness and Medication

All Girls Inc. program facilitators are First Aid and CPR certified, however they have no formal medical training and are not allowed to care for sick children. If a girl is unable to participate in the normal routine, the parent/guardian will be called and must come pick up the child. If a primary parent/guardian cannot be reached, Girls Inc. will contact alternate contacts provided for pick-up. Participants are not allowed to come to Girls Inc. University if they currently have or, in the last 24 hours, have had a 1) fever greater than 100 degrees, 2) diarrhea or vomiting, 3) a contagious rash or illness, 4) obvious pain or discomfort and/or 5) head lice and pink eye. Some contagious ailments such as pink eye may require a doctor’s notice that your child is no longer contagious to return to Girls Inc.

When possible please give medications outside of camp hours. Any medications girls must take while at camp must have written directions and signed authorization from a parent/guardian. Medication must be in its original container with an unaltered label containing the child’s name and the date. Participant must be able to self-administer medication. Medication will always be kept with staff in the group’s emergency bag.
Behavior

Girls Inc. promotes self-discipline and works to create rules and structure that help each girl feel safe and secure while ensuring all girls show respect to each other, staff, volunteers and property. We also try to focus on incentives for positive behavior. When participants break rules, they are reminded of the expectations at Girls Inc. and discuss their behavior with staff or take a short time away to calm down. Often this is all that is necessary. Participants can also be given consequences designed to change future behavior such as writing down what they could do differently next time. Behavior issues on field trips may result in not being able to participate in future field trips as field trip environments often pose more risk. For behavioral issues a white slip will be sent home to parents to inform them of the issue and what is being done to address it. For repeated or more severe behavior issues a pink slip will be sent home. If the behavior continues beyond this point, or if at any time a participant’s behavior prevents other girls from receiving high quality programming, causes significant damage to or puts themselves, other participants, staff, or volunteers at risk, Girls Inc. of Greater Atlanta withholds the right to dismiss a participant from the program.

Evaluation

Girls Inc. of Greater Atlanta is dedicated to providing high quality, intentional programming that moves girls forward to become strong, smart and bold women. To continue improving our programming to meet these goals, we utilize several different tools to evaluate the effectiveness of our programs. In addition, information from these evaluations is used to secure additional funding for our programs which help keep costs low for our parents.

These tools include, but are not limited to, summer pre and post-surveys taken by participants to measure content knowledge such as a survey of career opportunities that measures the effectiveness of Girls Inc. University career exploration and literacy tests that measure how effectively our program combats summer learning loss. These outcomes may also be measured by collecting materials produced by girls over the course of the summer. In addition, our staff will make observations regarding participants’ skills, attitudes and knowledge and how they change over time. All evaluation materials, such as surveys, will be kept confidential. Any reporting done will be at the group level (i.e. 80% of girls…). Individual results will not be shared.

Belongings & Coming Prepared for the Day

Participants are expected to come prepared for all activities that take place during Girls Inc. University. This means they need to wear comfortable clothes and shoes that they can move in. Please do not wear any shoes that girls cannot run and play in, including teens except for professional dress days! Participants will not be allowed to remove shoes for activities, and if they are not appropriately dressed, they will not be able to participate. All girls must wear their Girls Inc. shirt when they are leaving the building on a field trip. We ask that girls do not bring any items to camp except medicine or lunch. Girls Inc. Of Greater Atlanta is not responsible for any lost or stolen items including, but not limited, to money, phones, or electronics. Only Middle School and High School participants will be allowed to bring cell phones to camp to be use only during designated times.
Program Expectations

Girls Inc. strives to provide a fun and educational experience. We expect girls who enroll in our Girls Inc. programs to have a positive attitude and a willingness to try new things. **Please help us emphasize that they must act responsibly, participate in a positive manner and respect everyone, especially the program facilitators and staff.** Major behavior violations such as cursing, name calling, “mean girl” practices, fighting, bullying, or insubordination will be handled by our administrator and may lead to suspension.

Report Card Policy

We conduct program evaluations and collect report cards to receive funding provided through various grants. If we do not have the information required, we are no longer eligible for the grants, which will in turn drive up your costs.

Payment Policies

**Processing Fee:** The Processing Fee of $50 is non-refundable.

**Tuition Fee:** The tuition fee is $150 per week. However, scholarships are available based on need as assessed by family income and size.

**Payment Schedule:**

**Pre-Registered Parents/Guardians:**
Pre-registration payment which in processing fee and week 1 is due on or before Friday May 29th
- Week 2 payment is due on or before Friday, June 5th
- Week 3 payment is due on or before Friday, June 19th.
- Week 4 payment is due on or before Friday, July 3rd.

**Post-Registered Parents/Guardians:**
Processing Fee and Week 1 payment is due on or before Friday, June 5th
- Week 2 payment is due on or before Friday, June 19th.
- Week 3 payment is due on or before Friday, July 3rd.
- Week 4 payment is due on or before Friday, July 17th

**Payment Options:** Only electronic payments will be accepted this Summer. You may pay your processing and weekly fees through PayPal on our website at [www.girlsincatl.org](http://www.girlsincatl.org) or Cash App at $girlsincatl or by calling Bridget Trawick at 678-686-1740 ext. 229 to take payment via phone. No cash or check payments will be accepted in person.
Tuition Responsibilities: By completing this registration packet you are agreeing to pay for all weeks you have registered for. There will be no tuition refunds if a participant does not attend due to illness, transportation issues, or other unforeseen circumstances. Refunds will also not be issued if the participant is dismissed due to behavior.

The participant will not be allowed to attend if registration is not completed in full.

Late Pick-up: Girls Inc. University closes at 5:30 PM. Late pickup fees begin to accrue at 5:35 PM, after which you will be assessed a fee of $1.00 for every minute you are late. Late pickup fees are due within one week of when they are incurred. In the event of consistent late pick-ups, or extremely late pick-ups Girls Inc. reserves the right to increase fees or even dismiss participants from the program.

Below are the federal low-income guidelines that are utilized by our funders to determine funding eligibility. This is for your information only and does not affect your participation in this program.

<table>
<thead>
<tr>
<th>Family/Household Size</th>
<th>Extremely Low 30%</th>
<th>Very Low-Income 50%</th>
<th>Low Income 80%</th>
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<tr>
<td>1</td>
<td>$16,750</td>
<td>$27,900</td>
<td>$44,650</td>
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<tr>
<td>2</td>
<td>$19,150</td>
<td>$31,900</td>
<td>$51,000</td>
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<td>3</td>
<td>$21,550</td>
<td>$35,900</td>
<td>$57,400</td>
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<tr>
<td>4</td>
<td>$23,900</td>
<td>$39,850</td>
<td>$63,750</td>
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<td>5</td>
<td>$25,850</td>
<td>$43,050</td>
<td>$68,850</td>
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<tr>
<td>6</td>
<td>$27,750</td>
<td>$46,250</td>
<td>$73,950</td>
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<tr>
<td>7</td>
<td>$29,650</td>
<td>$49,450</td>
<td>$79,050</td>
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<tr>
<td>8</td>
<td>$31,550</td>
<td>$52,650</td>
<td>$84,150</td>
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</table>

*Source: U.S. Department of Housing & Urban Development (HUD)*
# Member Information Form

Please Print Clearly!

## Participant Information

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
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<tr>
<th>Date of Birth:</th>
<th>Age at start of Summer:</th>
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New or Returning Member: __________

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<tr>
<th>Grade Starting in Fall 2020:</th>
<th>School:</th>
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<tr>
<th>City:</th>
<th>State:</th>
<th>School District:</th>
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</table>

You will be provided with two T-shirts for field trips, please choose a size that ensures they fit all summer.

**T-Shirt Size (Circle):** YSM YM YL AS AM AL AXL AXXL

If different than parents/guardians - girls who have their own phone or email address especially high school girls.

<table>
<thead>
<tr>
<th>Participant’s Phone #:</th>
<th>Participant’s Email:</th>
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</table>

How did you hear about Girls Inc.? ____________________________

## Medical & Behavioral Information

Please list any medical information we should be aware of including any **allergies, medications, diagnoses or other concerns**.

Please include any way these conditions or behaviors may need addressed or accommodated. For example, if your child has been diagnosed with ADHD and/or Autism, please describe behaviors we should expect to see or if there are behavior modification techniques (incentives or disciplines) used at home or at school. This will help us work with you as a team to help your child succeed and ensure that your child receives consistent messages to avoid confusion. Please attach additional information or discuss this with us as necessary.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
# Contact Information Form

## Primary Parent or Guardian Contact During the Summer

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
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<tbody>
<tr>
<td>Relationship to participant:</td>
<td>Email:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Best phone # to reach you:</td>
<td>Phone Type:</td>
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<tr>
<td>2nd phone # to reach you:</td>
<td>Phone Type:</td>
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</tbody>
</table>

## Secondary Parent or Guardian Contact During the Summer

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
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<tr>
<td>Relationship to participant:</td>
<td>Email:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Best phone # to reach you:</td>
<td>Phone Type:</td>
</tr>
<tr>
<td>2nd phone # to reach you:</td>
<td>Phone Type:</td>
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</tbody>
</table>

## Other contacts authorized to pick up child.

(Please limit to no more than 3 authorized pickups besides parents or guardians)

<table>
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<tr>
<th>Name:</th>
<th>Phone #:</th>
<th>Relationship:</th>
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<tbody>
<tr>
<td>Name:</td>
<td>Phone #:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>Name:</td>
<td>Phone #:</td>
<td>Relationship:</td>
</tr>
</tbody>
</table>

I have provided Girls Incorporated of Greater Atlanta with all necessary medical information and can be reached at the numbers listed. I acknowledge and accept the risk for any accidents or injuries arising by reason of participation in the program, by myself or the person who is shown as the "participant." I agree to indemnify and hold harmless Girls Incorporated of Greater Atlanta officials, staff, officers volunteers and community partners harmless from any accidental injury or loss of property that may occur to the participant or myself while participating in any of Girls Incorporated of Greater Atlanta’s programs. I further give consent for pictures of the participant or materials produced by the participant to be used by Girls Incorporated of Greater Atlanta or our partners for program documentation, marketing and promotional materials.

Parent/Guardian Signature: ___________________________ Date: ________________
Emergency Treatment Permission

Please provide the best way to reach you, as well as any relevant information that staff may need to know in an emergency.

I ___________________________ give permission for my daughter to receive emergency medical treatment and hospitalization, if necessary and understand payment will be my responsibility. If I cannot be reached, I give permission for Girls Inc. staff to contact and discuss the situation with the emergency contacts listed below.

Participant’s Name: ____________________________________________

Parent/Guardian's Name: ____________________________ Relationship to Participant: ________

Parent/Guardian Signature: ____________________________ Date: ____________________________

Contact Number 1: ____________________________ Contact Number 2: ____________________________

Additional Emergency Contact

Contact Name: ____________________________ Relationship to Participant: ______________

Contact Number 1: ____________________________ Contact Number 2: ____________________________

Additional Emergency Contact

Contact Name: ____________________________ Relationship to Participant: ______________

Contact Number 1: ____________________________ Contact Number 2: ____________________________

Insured Name: ____________________________ Insured Birthdate: ________-

_________

Medical Insurance provider: ____________________________

Group Number: ____________________________ Policy Number: ____________________________

Other relevant emergency information (medicine allergies, specific instructions, etc.):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Girls Inc. Medication Permission

For safety reasons and legal purposes, staff is not allowed to dispense prescription or non-prescription medication. Whenever possible, please administer necessary medications before or after coming to Girls Inc. However, if your daughter has prescribed medication that needs to be administered during the time, she is present at the center, your daughter will be allowed to administer her own medications when necessary. Administration of medication includes but does not limit to taking her own inhaler and/or opening her dispenser and taking her own capsules or pills. All medication must be in its original container and should state your daughter’s name and instructions. Medications that do not follow original descriptions or are found inconsistent with instructions from their original dispenser (such as different color, different marks, different shapes) will not be accepted.

Child’s Name: ___________________________ Parent/Guardian’s Name: ___________________________

Child’s Group (please circle): Freshman Sophomore Junior Senior Grad

Medication Name: ___________________________

Medication instructions and any other important information:

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

By signing this form, I certify that I agree with the Girls Inc. policies and procedures regarding medication. I also certify that the child mentioned above understands and is capable of administering her own medication(s) without any assistance from Girls Inc. faculty and staff.

Parent/Guardian Signature: ___________________________ Date: ___________________________
**Weekly Registration**

You can register for only the weeks you can attend; however, priority will be giving to girls who register for at least 2 or more weeks. Check the box next to each week your participant will be attending. Don’t forget to check your schedule for things like family vacation or sports commitments.

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<td><strong>Week 1</strong></td>
<td><strong>July 6 - July 10</strong></td>
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<td><strong>Week 2</strong></td>
<td><strong>July 13 - July 17</strong></td>
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<td><strong>Week 3</strong></td>
<td><strong>July 20 - July 24</strong></td>
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<td><strong>Week 4</strong></td>
<td><strong>July 27 - July 30</strong></td>
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You are responsible for payment for each week you register for regardless of attendance.

**Scholarships**

Scholarships are available based on need as assessed by family income and size. Once you have completed your application our staff will contact you within 3 business days to inform you of your scholarship rate. You may submit your application without the processing fee if you first need to know your scholarship rate before committing to registering for the summer, however no space will be held for your child until the processing and week/s fee is paid.

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<tr>
<td><strong>Yes</strong></td>
<td><strong>I am applying for a scholarship</strong></td>
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<tr>
<td><strong>No</strong></td>
<td><strong>I am not applying for a scholarship</strong></td>
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Demographics

Answers in the next section are used to better understand our community and for Girls Inc. to apply for other forms of funding that help keep the cost to you as low as possible. Your answers WILL NOT affect your child participation, but we do require you answer it completely in order to participate. Thank you for your assistance in collecting this information!

Please check the boxes that describes the participants racial/ethnic background, if the participant is multi-racial please select all boxes that apply.

- American Indian or Alaska Native
- Hawaiian or Pacific Islander
- White
- Asian
- Hispanic or Latina
- Other (Describe below)
- Black or African American
- Middle Eastern
- Other (Describe below)

What language(s) is spoken in your home? □ English □ Spanish □ Other: ______________

Does your child have any disabilities as identified on the Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) □ Yes □ No

Who lives with the participant at home? Please check one box only.

- Both Parents
- Mother Only
- Father Only
- Neither parent (describe below)
- One Parent at a Time (Joint Custody)
- ______________

Please list the name, age and yearly household income for all members of the Household including parents, children, guardians, and caregivers.

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<th>Name</th>
<th>Age</th>
<th>Yearly Income (Monthly income x12)</th>
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Total Yearly Income ______________

This Box For Girls Inc. Use Only

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<tr>
<th>ID</th>
<th>SS</th>
<th>Income</th>
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Meet Income Eligibility Requirements (DHS) Meet Income Eligibility Requirements (CDBG)
Is someone in the household currently receiving: (check all that apply)
☐ Food Stamps  ☐ TANF  ☐ Medicaid  ☐ SSDI  ☐ SSI  ☐ Free/Reduced School Lunch

Is the participant a current Georgia Resident?  ☐ Yes  ☐ No

Is the participant a US citizen?  ☐ Yes  ☐ No

If not a US citizen, are you a legal immigrant?  ☐ Yes  ☐ No  ☐ N/A

Do you have at least one dependent minor child; under age 18 living with you?  ☐ Yes  ☐ No

I, the undersigned, certify that the information shown above is true and accurate to the best of my knowledge. I understand that I may be subject to criminal prosecution for knowingly providing false information to the agency.

Parent/Guardian Signature: _______________________________  Date: _____________________
Acknowledgement of Girls Inc. Policies

I, ______________________, parent/guardian of __________________________, have read and understand the attendance, illness, medication, behavior, evaluation, belongings and payment policies that have been set forth by Girls Incorporated of Greater Atlanta and included in this registration packet. I acknowledge that it is my responsibility to adhere to all these policies and make all required payments by the stated deadlines, including tuition payments for all weeks registered even in the event this week is not attended.

I understand that I must also attend the mandatory parent orientation Thursday, June 18th 6pm-8pm via Zoom: Video Conferencing.

Parent/Guardian Signature: ____________________________  Date: __________________

I have reviewed and explained eligibility requirements and responsibilities of the person who signed this form.

Girls Inc. Staff’s Signature: ____________________________  Date: __________________

For Girls Inc. Use Only

- Match the gross household income with the family size on the table below.
- Does the household income fall within the guidelines? □ Yes □ No
- If the total gross income of the household is at or less than the Federal Poverty Level (FPL) for the household size, the client is considered eligible.

__________________  __________________
Girls Inc. Staff’s Signature  Date
**Field Trips/Special Events Permission Form**

I ____________________________, hereby give permission for my daughter to attend Girls Incorporated of Greater Atlanta center under the supervision of Girls Inc. staff and participate in field trips, onsite/offsite special events. I understand that activities may have certain unavoidable risk and agree to indemnify and hold harmless Girls Incorporated of Greater Atlanta, staff, volunteers, officers and partners in case of an accident or injury. If I cannot be reached, I give permission for Girls Inc. staff to contact and discuss the situation with the emergency contacts listed below.

Participant's Name: ____________________________________________________________

Parent/Guardian's Name: ___________________________ Relationship to Participant: ______

Parent/Guardian Signature: ___________________________ Date: __________________________

Contact Number 1: ___________________________ Contact Number 2: ______________________

**Additional Emergency Contact**

Contact Name: ___________________________ Relationship to Participant: ________________

Contact Number 1: ___________________________ Contact Number 2: ______________________

**Additional Emergency Contact**

Contact Name: ___________________________ Relationship to Participant: ________________

Contact Number 1: ___________________________ Contact Number 2: ______________________

**Insured Name:** ___________________________ **Insured Birthdate:** ________-

**Medical Insurance provider:** ___________________________

**Group Number:** ___________________________ **Policy Number:** ___________________________

**Other relevant emergency information** (medicine allergies, specific instructions, etc.):

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________