

New Settlement Apartments
GIRLS' PROGRAM 2015-16
Registration Form



Personal Information (please fill in ALL spaces)

Participant first name: _____
Last name: _____
Parent/Guardian name : _____
Address: _____ Apt. # _____
City: _____ State: _____ Zip Code: _____
Home phone: () _____ Parent/Guardian Daytime phone: () _____
Participant cell phone: () _____ Parent/Guardian cell phone: () _____
Participant Email Address: _____
Date of Birth: ____/____/____ Age: _____
School (fall 2013): _____ Grade: _____

If accepted, I agree to uphold the following requirements of New Settlement Apartments' Girls' Program:

1. Abide by all rules and regulations of the program.
2. Respect self, other participants and staff at all times.
3. Make a commitment to only miss program days when it is unavoidable.

Participant Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____

This is a violence and drug free program



Girls Inc. of New York City Enrollment Form
New Settlement Apartment Girls Program 2015-16

For Office Use Only

Date Submitted:

Date Entered:

Membership #:

Parent/Guardian - please write legibly and answer all questions as completely as you can. Thank you!

Participant's First and Last Name: _____ Today's Date: _____

School: _____ OSIS #: _____

Date of Birth: _____ Age: _____ Grade: _____ Participant's Cell Phone (if any): _____

Street: _____ Apt #: _____ City: _____ Zip Code: _____

Participant's Email Address (if any): _____

Primary Guardian:

First and Last Name: _____ Relationship to Participant: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Street: _____ Apt #: _____ City: _____ Zip Code: _____

Email Address (if any): _____

The following information is collected solely for reporting to Girls Inc.'s funders and will be kept anonymous.

1. Participant's Ethnicity:

- Hispanic/Latina
- Not Hispanic/Latina
- Decline to State

2. Participant's Race:

- Asian American/Pacific Islander
- Black/African American
- European American/White
- Multiracial/Mixed Heritage
- Native American
- Other

4. Participant Lives With:

- Both Parents
- Father Only
- Grandparent(s)
- Guardian(s)
- Mother Only
- One parent at a time (joint custody)
- Parent and Step Parent
- Decline to State
- Other: _____

Pays for Reduced Lunch

Pays for Entire Lunch

6. Annual Household Income:

- Less than \$10,000
- \$10,001 – 15,000
- \$15,001 – 20,000
- \$20,001 – 25,000
- \$25,001 – 30,000
- \$30,001 – 50,000
- Over \$50,000
- Decline to State
- Unknown

3. Primary Language Spoken at Home: _____

5. For School Lunch Participant:

Receives Free Lunch

Confidentiality Statement (REQUIRED)

Participants in Girls Incorporated of New York City programs have the right to confidentiality and privacy. This means we will not share any of the participant's personal information unless you give us written permission to do so. There are instances, however, when we would need to break confidentiality. Instances in which we would share confidential information would be if the participant let us know that they were being hurt by someone (like physical, sexual or emotional abuse) or if the participant or any member of your family indicated that they wanted to hurt themselves or someone else. Please sign below to indicate that you have read and understood your right to confidentiality and exceptions to it.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

Permission to Evaluate Programs (optional)

Girls Incorporated of New York City programs are currently undergoing a process of evaluation. Philliber Research Associates and Girls Inc. National are the agencies that will be responsible for this evaluation. For this evaluation, we need information from all students participating in our program. This information may include student surveys, teacher rating scales, focus groups, evaluator observations, and academic records. All information collected about your child will be held in the strictest of confidentiality, to the extent that is permitted by the law. **Participation in this evaluation is completely voluntary.**

I give permission for Girls Inc. of New York City, Philliber Research Associates and Girls Inc. National to review the participant's school data (test scores, report cards, attendance and other performance indices) for the purpose of providing targeted academic instruction and assessing the effectiveness of Girls Inc. of New York City programs. I also agree to take part in, and to allow the participant to take part in, evaluation surveys and focus groups for the purpose of determining program effectiveness. Comments from surveys and focus groups will remain confidential.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

Participant Signature

Parent/Guardian Name (please print)

Date

Media/Photo Release (optional)

I hereby authorize Girls Incorporated of New York City, its agents, and others working for it or on its behalf to use the participant's image/likeness/voice in still photos, slides, video productions, radio coverage, television coverage, interviews, testimonials and/or any other media for the purpose of promoting and representing Girls Inc. and its programs, and do hereby grant and convey unto Girls Inc. all rights, title, and interest in the above media including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

Thank you for completing the enrollment forms. We value keeping the girls safe and your information confidential.



New Settlement Apartments Girls Programs 2015-16

EMERGENCY MEDICAL CARE

(To be completed by the parent or guardian)

Participant's
Name: _____

Date of Birth: _____

1. If my child requires emergency medical care and I cannot be reached, I give my consent to the above after-school program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.

2. Following emergency medical care, my child may be released to the following people:

Name: _____	Relationship to Student: _____
Address: _____	Employer: _____
Home Phone: _____	Work Phone: _____

Name: _____	Relationship to Student: _____
Address: _____	Employer: _____
Home Phone: _____	Work Phone: _____

Name: _____	Relationship to Student: _____
Address: _____	Employer: _____
Home Phone: _____	Work Phone: _____

3. Health/Insurance Information:

Participant's Doctor: _____	Insurance Company: _____
Phone: _____	Policy Holder's ID: _____
Allergies: _____	Religious Preference: (optional) _____
Last Tetanus: _____	Medication(s) being taken: _____
Address (student's doctor): _____	

Additional Comments: _____

4. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this youth program.

Parent/Guardian Signature _____

Date _____

Permission to Use Photograph

I give my permission to New Settlement Apartments to use my photograph in all forms and media, such as brochures, calendars, newsletters, news articles, and the Girls' Program's Facebook page. I have read this release and am fully familiar with its contents.

Name of Participant

Signature & Date

Name of Parent/Guardian

Signature & Date

Address _____

