

Girls Incorporated of Kingsport
2018-2019 School Year Program
 1100 Girls Place Kingsport, TN 37660
 (423) 247-2321 or 247-5881
 FAX (423) 247-9817

Income Verified by _____

PLEASE PRINT CLEARLY

Member Name _____ Member Birth Date _____
 Address _____ Phone # _____
 _____ Total # living in home _____
 School _____ Age: _____ Grade: _____

Guardian's Name _____ Relationship to Child: _____
 Cell # _____ Place of Work _____ Work # _____
 Guardian 2's Name _____ Relationship to Child: _____
 Cell# _____ Place of Work _____ Work # _____

Emergency Contact _____ Relationship to Child _____
 Phone # 1 _____ Phone # 2 _____

The following persons are allowed to pick up my daughter from Girls Incorporated of Kingsport:

Please list any medical condition(s) or special circumstances regarding your daughter that we need to know: _____

Please check any over the counter medicine we are allowed to dispense:

- Children's Tylenol Hydrocortisone Cream Eye Drops Ear Drops Tums Pamprin

Prescription Medicine:

Medication	Amount	Time(s)

The following demographic data is used primarily by our national organization for statistical purposes. All information will be kept strictly confidential. Please be as accurate as possible, especially with regard to household income - **we will ask for verification.**

<u>Ethnic Profile</u>	<u>Annual Household Income</u>	<u>Family Configuration</u>
<input type="checkbox"/> Asian/Pacific	<input type="checkbox"/> < \$9,999	<input type="checkbox"/> Living w/ 2 parents
<input type="checkbox"/> Black/African	<input type="checkbox"/> \$10,000 - 14,999	<input type="checkbox"/> Living w/ mother only
<input type="checkbox"/> Hispanic/Latina	<input type="checkbox"/> \$15,000 - 19,999	<input type="checkbox"/> Living w/ father only
<input type="checkbox"/> Native American	<input type="checkbox"/> \$20,000 - 24,999	<input type="checkbox"/> Living w/ 1 parent at a time (Jt. Custody)
<input type="checkbox"/> White/European	<input type="checkbox"/> \$25,000- 39,999	
<input type="checkbox"/> Other _____	<input type="checkbox"/> \$40,000- 50,000	<input type="checkbox"/> Living with Grandparent(s)
	<input type="checkbox"/> \$50,000 +	<input type="checkbox"/> Living with Guardian

Please read and sign below:

As the parent or authorized guardian of this child, I give my permission for her to participate in Girls Incorporated facility-based activities as well as local field trips, and to be transported by our facility and those contracted by our facility.

I understand and agree that she must be picked up by closing time or a late fee may be charged. I have reviewed and agree to uphold the conditions set by the organization for the payment of registration and program fees.

My child will respect other members, staff, and volunteers at all times and she and I will be responsible for any equipment or property she defaces or destroys.

I authorize Girls Incorporated to use photographs of my child for promotional purposes to include newsletters, brochures, media releases, etc.

I authorize Girls Incorporated to have a reciprocal relationship with her school, caseworker, or counselor regarding the release of information.

As parent or guardian of the aforementioned child, I approve her joining Girls Incorporated of Kingsport and agree not to hold the organization, its Board of Trustees, officers, staff, or volunteers responsible and/or liable, and hereby release them from liability for losses of any personal property and for any injuries or accidents suffered by my child at Girls Incorporated facilities or in connection with membership participation in any program activities.

I also do hereby authorize Girls Incorporated of Kingsport, its representatives, volunteers, and/or staff to obtain medical treatment necessary for my child in the event of the occurrence of an illness or accident while she is under the organization/s supervision.

Child's Doctor _____

Phone # _____

Insurance Company _____

Group # _____

***I certify that all information on this application is accurate and I have read and understand all information on it.**

Parent/Guardian Signature _____

Date _____

Semester Membership Fees

Annual Household Income	Semester Fee
< \$9,999	\$30
\$10,000- \$14,999	\$40
\$15,000- \$19,999	\$50
\$20,000- \$24,999	\$60
\$25,000- \$39,999	\$70
\$40,000- \$49,999	\$90
> \$50,000	\$100

You must bring *proof of your income* so that a staff member may verify it.

Payment arrangements are available upon request; see any member of management.

(Mrs. Julie, Mrs. Gail, Mr. Jed, or Mrs. Sara)

Parents MUST fill have a 2018/2019 membership application on file for your daughter(s) for the school year!

(This is to keep all of our information current and accurate!)

Fall fees are due by Friday, September 14th.

Spring fees are due by Friday February 15th.

Transportation will not be provided after this date if membership fees are not paid in full.

Thank you.
Girls Inc. Staff

Girls Incorporated of Kingsport Transportation Consent Form

My daughter, _____, has my
Name

permission to be transported to Girls Incorporated

beginning _____. Girls Inc. has my
Start Date

permission to pick up _____ in a Girls
Name

Incorporated van or a personal vehicle driven by a Girls
Inc. staff member, board member, or volunteer.

Parent/Guardian

Signature: _____

Date: _____

*I understand that I must provide my daughter's school with
a copy of this form.

