

**Girls Inc. Of Kingsport**  
**2018-2019 Morning Program**  
 1100 Girls Place Kingsport, TN 37660  
 (423)247-2321 or (423)247-5881  
 Fax (423)247-9817

PLEASE PRINT CLEARLY

Member Name \_\_\_\_\_ Member Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 \_\_\_\_\_ Total Living In Home \_\_\_\_\_  
 School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
 Guardian's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Cell Number \_\_\_\_\_ Place of Work \_\_\_\_\_ Work Number \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Phone Number 1 \_\_\_\_\_ Phone Number 2 \_\_\_\_\_

The following persons are allowed to pick up my child from Girls Inc. 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.

<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 \_\_\_\_\_

## Remind

Remind is a private mobile messaging platform that enables teachers, parents, students, and administrators to communicate with each other.

We use Remind to update parents on events, weather related closings, announcements, etc.

Please Complete before turning in paperwork.

Text the message @girlsinck to the number 81010 to receive Remind updates.

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

# Girls Incorporated of Kingsport Transportation Consent Form

My daughter, \_\_\_\_\_, has  
my

Name

permission to be transported to Girls Incorporated

beginning \_\_\_\_\_.

Start Date

Girls Inc. has my

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.