**Girls Inc. of Kingsport**

**2019-2020 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 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 - **we will ask for verification.**

**Ethnic Profile Annual Household Income Family Configuration**

\_\_\_\_Asian/Pacific \_\_\_\_\_< $9,999 \_\_\_Living w/ 2 parents

\_\_\_\_Black/African \_\_\_\_\_$10,000 - 14,999 \_\_\_Living w/ mother only

\_\_\_\_Hispanic/Latina \_\_\_\_\_$15,000 - 19,999 \_\_\_Living w/ father only

\_\_\_\_Native American \_\_\_\_\_$20,000 - 24,999 \_\_\_Living w/ 1 parent at a

time (Jt. Custody)

\_\_\_\_White/European \_\_\_\_\_ $25,000- 39,999

\_\_\_\_Other\_\_\_\_\_\_\_\_ \_\_\_\_\_ $40,000- 50,000 \_\_\_ Living with Grandparent(s)

\_\_\_\_\_ $50,000 + \_\_\_ 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, social media updates, website content, and all fundraising and marketing efforts. I understand that additional permission may be requested for the use of my child's likeness during special events and that any media content used may be publicly shared by supporters of the organization.

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.**

Parents MUST fill have a 2019/2020 membership application on file for your daughter(s) for the school year!

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

**Fall fees are due by Friday, September 13th.**

**Spring fees are due by Friday, February 14th.**

**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/GuardianSignature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2019/2020 Scholarship Form

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian/Responsible Adult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Cost of After School Care for All Dependents

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_

Explain in your own words how the semester fee poses a financial hardship. Please include all of your household income streams (job revenue, state assistance, etc) as well as a list of your monthly bills. Remember, there are no 100% scholarships; tell us what you can afford to pay.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Keep Up With Girls Inc.!**

Remind: Text @girlsinck to 81010 to stay up to date on all announcements and reminders.

Website: girlsinckpt.org

Facebook: facebook.com/girlsinckpt

Twitter: GirlsIncKPT

Instagram: girlsinckpt

**How Did You Hear About Us?**

\_\_\_ Social Media (Facebook, Twitter, Instagram)

\_\_\_ Google Search

\_\_\_ Newspaper

\_\_\_From your child’s school

\_\_\_ Referral

\_\_\_ I am a returning member

\_\_\_ Other

If other please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_