

2017-2018 After School Enrichment

Girls Name _____	Age _____	Date of Birth _____	Grade in August _____	School Attending in August _____
Address _____	City _____	State _____	Zip _____	
Parent/Guardian Name _____	Email _____			
Home Phone _____	Work Phone _____	Cell Phone _____		

Start: August 22, 2017
End: June 8, 2018

Please indicate the days of the week your child will attend

Monday	Tuesday	Wednesday	Thursday	Friday
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Fees: \$94.00 per week (4-5 days) or \$25.00 per day. Partial scholarships are available if attending 2-3 days per week. Scholarships are not available if attending 1 day per week.

Payment Procedure: A payment for the first week and membership is required to assure your child's space in our program. Subsequent payments are due in advance every Friday. Failure to keep current with payments may result in termination of care for your child and sending your account to a collection agency.

Refund and Credits: Refund and credits are only given if Girls Inc. was notified a week (8 days) in advance. By signing this admission agreement you are reserving a space in our program for your child. Girls Incorporated must have the assurance of covering care costs by receiving payment for all reserved spaces even when the child is absent. Parents/Guardians must speak to Program Director to request exceptions to this policy based on emergency situations.

Membership Enrollment: A one-time yearly membership fee of \$35.00 must be paid for each girl that attends Girls Inc. Programming. Payment due upon enrollment. (July 1 - June 30)

I fully understand and agree to the Payment Procedure, Refund and Credits, and Membership Enrollment stated above.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Program: _____ Prog. Fees: \$ _____ % Given: _____ % Scholarship Amt: \$ _____ Family Pays: \$ _____

Director's Approval: _____ Date: _____

Executive Director's Signature: _____ Date: _____



Membership Enrollment Form 2017-2018

Girls Incorporated of Carpinteria

5315 Foothill Road, Carpinteria CA 93013

805. 684.6364

Please Print all of the information below.

Girls Name	Age	Date of Birth	Grade in August	School Attending in August
Address	City	State	Zip	
Parent 1 or Guardian Name	Email			
Home Phone	Work Phone	Cell Phone		
Parent 2 or Guardian Name	Email			
Home Phone	Work Phone	Cell Phone		

In addition to the parent/guardians, the following adults (18 years and older) are authorized to take this child from the facility. These names also serve as emergency contacts. These contacts must be reachable and available for immediate pick-up or response.

Name	Phone Number	Name	Phone Number
Name	Phone Number	Name	Phone Number

General Liability and Release and Consent:

I give permission for my child to become a member of Girls incorporated of Carpinteria. I further hold Girls Incorporated of Carpinteria, any of its officials, staff, volunteers, spouses, and their heirs harmless from any accidental injury or loss of property that may occur to the person named above while participating in any of the Girls Incorporated of Carpinteria Programs. I further give consent for any media or marketing materials in which my daughter may appear to be used in any way Girls incorporated of Carpinteria may care to use them. I understand that Girls Incorporated of Carpinteria and our National Headquarters may conduct research about the impact of its programs for girls. I agree to allow my child to take part in pre/post testing and other evaluation efforts. All information regarding girls or their participation in programs will remain confidential.

Health Information:

Is there anything we should know about your daughter that will help provide her with the best and safest possible experience?

Allergies to: Food Medicine Other None Known

Please explain:

Please list ALL medications (including OTC) taken by your child:

Special Disabilities: Learning Developmental Emotional Visual Hearing Mobility

Other special needs:

Medical Insurance Name

Physician Name

Dentist Name

Medical Coverage Number

Physician's Phone Number

Dentist's Phone Number

Parent/Guardian-PLEASE READ AND SIGN: I give permission to obtain all emergency medical or dental care prescribed by a duly licensed Physician, Osteopath or Dentist for my child. This care may be given under whatever conditions are necessary to preserve life, limb or well being of the child named above.

Parent/Guardian Signature

Date

Girls Inc. of Carpinteria Program Admissions Form 2017-2018

Child's Name _____

Grade in August _____ School _____

Parent/Guardian Name _____

Child's File: A file is maintained for each child admitted to Girls Incorporated of Carpinteria's Programs. The file included this admission agreement and an enrollment form containing health history and emergency care information. The information in a child's file is confidential and it may be reviewed only by the Parent/Guardian, a representative of Girls Inc. a representative of Community Care Licensing, or the Department of Social Services of California. If necessary, please explain any special circumstances that apply to your child's file, pick-up procedures, etc. and provide legal documentation. It is the responsibility of the parent/guardian to keep Girls Inc. informed of changes in this area.

Policies: All policies related to Girls Incorporated Programs are included in this agreement or in the Parent Handbook, which is available for each Parent/Guardian.

Hours: Administration hours are from 9:00am-6:00pm. Summer program hours are from 9:00am-6:00pm (extended care is available an additional fee). After School Program hours begin at school release-6:00 pm. For more information, please ask office staff.

Scholarships: Scholarships are available for those who qualify. One must fill out a scholarship application and submit a copy of one's most recent Adjusted Gross Income (AGI) from your Internal Federal Taxes and three most recent pay stubs for all parties. If divorced parents have joint financial responsibility for their child, both parties must submit separate paperwork. Scholarship documentation needs to be turned in prior to registration. Discounts do not apply for those on scholarship.

Sign-In/Sign-Out Policy: Parents/Guardians are required to sign the Sign-In/Sign-Out sheet when checking in their child in or out of the center. Only authorized people with proper identification may pick up your child! A signed and dated note by you is required for anyone not on your authorized list.

Snacks: During our programming we offer healthy daily snack(s). Usually one during half days and two during full (extended) days.

Illnesses: Girls Incorporated is not equipped to care for sick children. If a child is unable to participate in our normal routine, the parent/guardian will be called and asked to take the child home. Children will not be allowed to enter the program while having the following: 1. Fever greater than 101° Fahrenheit 2. Serious diarrhea 3. Vomiting 4. Obvious pain or discomfort 5. A contagious rash or illness 6. Head lice

Medication: No medications will be given to a child without written instructions and signed authorization (Lic 9221). All medication must be given to the Program Director. All medications must be in its original container with an unaltered label containing your child's name and current date. The written instructions must be given to the Program Director who will delegate the dispensation of the medication to the Program Leader. No medication of any kind may be administered by a staff without Parent/Guardian authorization on file at Girls Incorporated. Medication is kept in a storage cabinet in the office. Medication that needs refrigeration will be kept in the staff refrigerator.

Sunscreen: Please provide your child with sunscreen if she has any known allergies to sunscreen. Otherwise, we will administer our in-house sunscreen as needed. Application of said sunscreen will be applied in a respectful and non-threatening manner.

Emergency Procedures: If your child is injured, the Program Director or Program Leader will take the necessary steps to obtain the medical care. These steps may include, but are limited to the following:

- Attempt to contact a parent or guardian, then listed emergency contacts
- Contact child's doctor
- Have a staff person take the child to an emergency clinic/hospital
- Call an ambulance or paramedic

Release Authorization: You have provided us with 4 individuals authorized to pick up your child in your absence. Changes and additions to this list *must be made in person by the parents/guardians* listed in the registration packet. If you cannot make this change in person, a one-time exception will be made if a signed letter is sent via fax or email directly from a parent or guardian.

*
Parent Initials

***Extended care of \$20.00 per week (per family) is due in advance with weekly payment.**

***Failure to Report Absence: There is a \$5.00 charge for failing to report your child's absence by 9:00am in the summer and 11am during the school year.**

Late Pick-Up: Our program closes at 6:00pm. A late fee at the rate of \$1.00 per minute begins to accrue at 6:06pm. You will be asked to fill out a late payment form, including how you would prefer to pay your late fee. You may pay the late fee at the time you pick up your child or it may be added to your bill. Continued lateness may result in the need for you find alternative care. PLEASE NOTE, picking up later than 6:30 may result in involving the sheriff

Field Trips: Our center has 15 passenger vans that are used for field trips. Our drivers have Class B Licenses. Parents/Guardians will be informed in advance by weekly activity calendars. It is the Parents/Guardians responsibility to inform us if their child is not able to attend a scheduled field trip on a day that she is at the center.

Parent/Guardian Orientation: All new parents/guardians are required to attend a Parent/Guardian Orientation Meeting before the commencement of our Summer Programming. This meeting gives an opportunity to be informed about all our policies and procedures, as well as the activities we will be offering. Please ask about upcoming meeting dates and times.

Grievance Procedure: Parent/Guardian should discuss and resolve the matter with the immediate staff person involved; if the matter is not resolved; both will schedule an appointment with the Program Director; if still unresolved, it may be taken to the Executive Director.

Termination of the Agreement: A parent/guardian may terminate the agreement at any time by giving Girls Incorporated written notice one week prior to the date that the child will be withdrawn from the program to avoid incurring charges onto account. Girls Incorporated agrees that it will not modify the condition of this agreement without giving the parent/guardian 14 days written notice. When changes are made, the parent/guardian and representative of Girls Incorporated will sign the modified agreement.

Discounts: A discount of \$2.00 per week will be applied if a family enrolls in our automatic payment system with a credit or debit card. A sibling discount of 10 percent is given to eligible families . Families on scholarship are not eligible for discounts.

Discipline Policy: Girls Incorporated promotes self-discipline and tried to establish rules which are sensible and help each girl feel safe and secure. When a girl breaks a rule, she is reminded of the proper behavior at our site. Time out and conferences with Program Director and Parent/Guardian are usually the only methods of discipline that are required. If girl continually breaks rules or is abusive with others a Citizenship Report will be written. After a girl received two or more Citizenship Reports, probation or suspension may become necessary. Girls Incorporated believes hurting others and foul language are not appropriate and these behaviors are not tolerated.

Opportunities for Parents: Girls Incorporated of Carpinteria always encourages parents to volunteer around the center. Areas where volunteers are needed are: facilitation of classes, field trips, events, and others. If at any time a parent/guardian has an idea pertaining to our program, please feel free to share them with the Program Director. Suggestion box is also available in the lobby are.

Community Care Licensing Authority: The Department of Social Services or Community Care Licensing has the authority to interview a child or staff, to observe the physical conditions of a child, including conditions which could indicate abuse, neglect or inappropriate placement; to have a licensed medical professional physically examine the child, and to inspect and audit the child or facility records without permission.

Note: In case of extreme weather or other emergencies, we follow the Carpinteria Unified School Districts decision. We also contact local radio stations if and when we close for emergencies. In case of an emergency please call 805.684.6364 for any further information

Acknowledgement

I, and legal parent/guardian or designated representative of _____
(print child's name)

have received and read the information contained in this documents provided by Girls Incorporated of Carpinteria, and agree to abide by the stated policies. I also agree that I will attend a required Parent/Guardian Orientation Meeting before allowing my child to attend Girls Incorporated programming.

Printed Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ **Date:** _____

ACKNOWLEDGEMENT

I, as the parent/guardian designated representative
of _____, have received and read the
name of child
following documents at the time of my child's admission to:

Girls Incorporated of Carpinteria

facility name

- ① "Parent's Right" (LIC 995)
- ② "Personal Rights" (Child Day Care Facilities) (LIC 613A)
- ③ Other documents (facility may specify parent handbook/admission agreement)

Admission Agreement, Medical Consent, and Membership Enrollment

other document

I understand that the licensing agency has the right to interview children or staff and to inspect and audit the facility or children's records without prior consent. The licensing agency has the right to observe the physical condition of any child(ren), including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional physically examine the child(ren).

Parent/Guardian Signature

Date

Facility Representative

Date

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: COMMUNITY CARE LICENSING DIVISION CHILD CARE OFFICE

Licensing Office Address: 744 P Street, Sacramento, California 95814

Licensing Office Telephone #: (916) 229-4500

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Girls Incorporated of Carpinteria

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>.

PERSONAL RIGHTS**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing Division Child Care Office

ADDRESS

744 P Street

CITY

Sacramento, CA

ZIP CODE

95814

AREA CODE/TELEPHONE NUMBER

(916) 229-4500

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Girls Incorporated of Carpinteria

(PRINT THE ADDRESS OF THE FACILITY)

5315 Foothill Road, Carpinteria CA 93013

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS/HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

MONTHS	MONTHS	MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP? *	WHAT TIME DOES CHILD GO TO BED? *	DOES CHILD SLEEP WELL? *
DESCRIBE CHILD'S WAKING UP PATTERN	HOW LONG?	HOW LONG?
FEEDING	DIAPERING	TOILETING
WHAT DOES CHILD EAT? (What does child usually eat? What does child usually drink?)	DIAPERING	TOILETING
DESCRIBE	DESCRIBE	DESCRIBE
ANY SPECIAL PROBLEMS?	ANY SPECIAL PROBLEMS?	ANY SPECIAL PROBLEMS?
RECEIVED VACCINE TREATMENT?	IF YES, AT WHAT STAGE?	RECEIVED HOW MANY VACCINE TREATMENTS?
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
WORKING ON DEVELOPMENTAL	WORKING ON DEVELOPMENTAL	WORKING ON DEVELOPMENTAL
EXPERIENCE EVALUATION OF CHILD'S HEALTH	EXPERIENCE EVALUATION OF CHILD'S HEALTH	EXPERIENCE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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Consent to Release of Education Records

Note: The Carpinteria Unified School District may permit access to pupil records (education records) to third parties upon the written consent of a parent or guardian, in accordance with requirements of the California Education Code and the Family Educational Rights and Privacy Act. When completed and returned to the District, this Consent will authorize such access. Please read this Consent form carefully before signing and returning to the District.

I, _____, consent to the release of my child's education records (electronic academic records) by the Carpinteria Unified School District (District) to:

Girls Incorporated of Carpinteria (Agency) and staff employed by the Agency, for the purposes provided below.

I understand that release of education records is limited to the following:

1. Name of student
2. School of student
3. Attendance
4. Grade Point Average, & Grades Earned
5. Upcoming Assignments
6. Missing Assignments
7. State Test Scores
8. Classroom Benchmark Assessments

This release gives my consent to the District to permit such access and to Agency staff to access these education records online, using the District's Assessment Data Management System and/or Student Information Database system. This Consent will be kept with my child's pupil records file.

I understand that the purpose of sharing these records is to authorize my child's after school service provider to access information concerning my child's academic program and progress. Agency staff will work with the school, the family and the student in an effort to improve my child's academic success at school. The Agency and its staff are not permitted to transmit any of my child's education records or information to any other parties without my written consent.

I acknowledge that I may submit at any time a subsequent notification in writing directing the Carpinteria Unified School District to no longer permit the Agency or its staff access to my child's education records.

This Consent to Release of Education Records is valid for the **2017-18 school year**, or as long as the student is served by the Agency, whichever is the lesser time length. Unless earlier terminated, this Consent will expire on **June 30, 2018**.

Carpinteria Unified School District is authorized to release information to the following agency and its staff (please print clearly and sign your name):

Student's Name

Student's Date of Birth

Parent/Guardian's Signature

Date

Girls Incorporated of Carpinteria, 5315 Foothill Road, Carpinteria, CA 93013, 805-684-6364
Agency Name, Address & Telephone Number

