

Girls Inc. of Carpinteria Teen Center 2018-2019

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		

*Girls Inc. will extend the school year or change dates as needed to accommodate CUSD evacuation make up days or instructional schedule

Start August 28, 2018
End June 13, 2019*
Time: 3:00pm - 6:00pm
Cost: \$25.00 per week
Membership: \$35.00

It is highly recommended that arrangements be made to have your daughter arrive no later than 3:05pm and not pick-up before 5:30pm. All field-trips scheduled will be posted in Teen Center.
 Afternoon snack is provided.

Please circle the day(s) of the week your daughter will be attending Girls Inc. of Carpinteria.

Monday Tuesday Wednesday Thursday Friday

By signing below I, _____, fully understand that my daughter needs to present for pick-up by 3:00pm at CMS or needs to arrive by 3:15pm from CHS.

Welcome to your Teen Center!

Parent/Guardian Signature	Date
Teen's Name	Fall 2017 Grade Level



Membership Enrollment Form 2018-2019

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
FY 2018/2019



Girls Incorporated of Carpinteria Census Report 2018-2019

This information is kept anonymously and in confidence. It will be used strictly for statistical data reports to Girls Inc. National Organization and potential funders. Thank you for your help.

Girl's Name: _____

Child's Age: _____

Please mark all appropriate boxes.

Annual Household Income:

- Below \$10,000
- \$10,000 to \$20,000
- \$20,000 to \$30,000
- \$30,000 to \$40,000
- \$40,000 to \$50,000
- \$50,000 to \$75,000
- Over \$75,000

My Girl Qualifies for Free Lunch:

- Free Lunch
- Reduced Lunch

Family Configuration: (please check all that apply)

- Living with two parents
- Living with mother only
- Living with father only
- Living with one parent at a time (joint custody)
- Neither parent (foster, grandparent, relative)
- Multi-Family

Ethnicity:

- Multi-ethnic
- Asian American
- Black-African American
- Native American
- White/Caucasian
- Hispanic/Latina
- Pacific Islander
- Filipina
- Other: _____

Primary Language(s) Spoken at Home:

- English
- Spanish
- Farsi
- Mandarin
- Tagalog
- Vietnamese
- Other: _____

Residence Area:

- Sand Piper
- Dahlia Court
- Villa Del Mar
- Casitas Village
- Concha Loma
- Ventura
- Santa Barbara
- Summerland
- Santa Paula
- Other: _____

Number in Household: _____

Please list highest level of education:

- | <u>Mother</u> | <u>Father</u> |
|---|---|
| <input type="radio"/> Less than high school | <input type="radio"/> Less than high school |
| <input type="radio"/> High school diploma/GED | <input type="radio"/> High school diploma/GED |
| <input type="radio"/> Some college | <input type="radio"/> Some college |
| <input type="radio"/> 2 year college | <input type="radio"/> 2 year college |
| <input type="radio"/> 4 year college | <input type="radio"/> 4 year college |
| <input type="radio"/> Master's degree | <input type="radio"/> Master's degree |
| <input type="radio"/> Doctoral degree | <input type="radio"/> Doctoral degree |
| <input type="radio"/> Professional degree | <input type="radio"/> Professional degree |
| <input type="radio"/> Don't know or N/A | <input type="radio"/> Don't know or N/A |

Are any immediate family members active duty military personnel? Yes No

Is your child an English Learner? Yes No

Does your child have an IEP? Yes No