

Softball

STRONG Program

Grades—3rd—6th

March 11, 2024— March 20, 2024

Monday, Wednesday and Friday, 4:30 PM— 5:30 PM

NAME: _____

GRADE: _____ AGE: _____

- \$100 Program Fee** *Scholarships available
- \$35 Annual Membership Fee**
- Membership Fee Previously Paid**

Important Dates-

Softball practice to take place at El Carro field.

Softball Game— Date TBA

Membership Fee: A non-refundable annual membership fee of \$35.00 is due at time of registration for all programs and is valid from June to June on an annual basis. _____ (initial)

Late pick up: Our programs close at 5:45 pm. A late fee at the rate of \$1.00 per minute begins to accrue at 5:50 pm. 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 will be added to your bill. Continued lateness may result in the need for you find alternative care. PLEASE NOTE, picking up later than 6:15 pm may result in involving the sheriff. _____ (initial)

Refunds and Credits: Refunds and credits are not given once the program has started. 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. _____ (initial)

Parent/Guardian Signature _____ **Date** _____

Inspiring girls to be Strong, Smart, and Bold

For Office Use Only

Program: _____ Fees: _____ % Given: _____ Scholarship amount: _____ Family Pays: _____

Director's Approval _____ Date _____

Executive Director _____ Date _____

Membership Enrollment Form 2022-2023



Girl Name	Age	Date of Birth	Grade in August 2021	School in August 2021
Home Address	City		State	Zip Code
	<input type="checkbox"/> Lives with child	<input type="checkbox"/> Responsible for payment		
Parent or Guardian Name (1)			Email	
Primary Phone Number	Work Phone		Phone 3	
	<input type="checkbox"/> Lives with child	<input type="checkbox"/> Responsible for payment		
Parent or Guardian Name (2)			Email	
Primary Phone Number	Work Phone		Phone 3	

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

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

Health and Wellness Information

List and explain all allergies:		
List all medications taken by your child:		
List all special needs or conditions:		
Please share any information that will help us provide a safe and enriching experience		
Medical Insurance Name:	Physician Name:	Dentist Name:
Policy Number:	Physician Phone:	Dentist Phone:

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.

Medical Release and Consent: I give permission to obtain all emergency medical or dental care prescribed by a duly licensed Physician, Osteopath or Dentist emergency responder 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 Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Girls Inc. of Carpinteria 2022-2023 Admissions Agreement

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge Girls Inc. of Carpinteria, and Girls Inc. their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the site.

POLICIES

_____ **File:** A child’s file will be maintained for each child admitted to Girls Inc. The file will include the Admissions Agreement and an enrollment form containing health history and emergency care information. The information in a child’s file is confidential and may be reviewed only by the parent/guardian, a representative of Girls Inc. or a representative of Community Care Licensing. Parent/guardians are responsible for updating information in this file as needed

_____ **Sign In/Out Policy:** Parents/Guardians are required to use a full signature when checking children in or out of the centers. Only authorized people with identification may pick up your child. If an individual is not listed on your authorization form you must give Girls Inc. a signed permission slip stating the person’s name and the date of pick up.

_____ **Data Collection:** I give my permission to Girls Inc. of Carpinteria to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. The aggregated results of these analyses may be shared with staff, Girls Inc., funders, and other community stakeholders to evidence program effectiveness and/or impact.

_____ **Community Care Licensing Authority:** Community Care Licensing has authority to interview children or staff, and to inspect and audit child or child care centers records, without prior consent; and to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect or inappropriate placement.

_____ **Transportation & Field Trips:** I give my permission to Girls Inc. of Carpinteria to provide transportation to and from the site for various activities including but not limited to; school transportation program, outreach program, field trips. I give permission for my son/daughter to attend any and all Girls Inc. of Carpinteria organized field trips. I agree that if injury to my child does occur, I hereby hold blameless and waive all claims against Girls Inc. of Carpinteria its officials, staff, or anyone who it may hire to appoint or to supervise said activities. In the event of an emergency the person in charge has my permission to see that proper action is taken and if deemed necessary, that medical treatment may be rendered. Your child will be under supervision where safety is of the utmost importance. Some field trips may require a special sign up.

_____ **Public Relations:** I give my permission for my child’s picture, moving pictures, or any other graphic depiction or likeness, to be used by Girls Inc. of Carpinteria and its activities.

_____ **Release Authorization:** You have provided us with 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 email directly from a parent or guardian

_____ **Illness:** Girls Inc. is not equipped to care for sick children. If your child is unable to participate in normal activities, you must pick your child up from Girls Inc. No medication will be given to a child without written instructions and signed authorization. If your child did not attend school that day due to illness, she may not attend Girls Inc.

_____ **Emergency Procedures:** If your child is injured, Staff 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 or call emergency response services. I give my permission to Girls Inc. of Carpinteria to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment. It is understood, however, that this membership includes a secondary insurance while taking part in Girls Inc. activities.

_____ **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 Manager; if still unresolved, it may be taken to the Executive Director. In some cases, the Executive Director may be involved.

_____ **Discipline Policy:** Girls Inc. promotes self-discipline and establishes rules which are sensible and help each girl feel safe and secure. Girls are reminded of the proper behavior at our site. We use incentive systems to encourage a positive environment. Redirection, individual coaching sessions and conferences with program leadership and Parent/Guardian are usually the only methods of discipline that are required. If girl continually contributes to a physically or emotionally unsafe environment additional steps to involve parents/guardians will be taken and behavior improvements plans will be put in place. In cases of persistent behavior issues, probation or suspension may become necessary.

Note: In case of extreme weather or other emergencies, we will work with CUSD and local authorities to decide the safest action to take. Parents will be informed via email and text through the Remind System. Please see the Remind page for instructions on how to register for alerts.

ACKNOWLEDGEMENT

I, as the parent, guardian or designated representative of (child’s name) _____, have received and read information contained in the Admission Agreement, provided by Girls Inc. of Carpinteria, and agree to abide by the stated policies.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Girls Inc. of Carpinteria Census Report 2022-2023



This information is kept anonymously and in confidence. It will be used strictly for statistical data reports to the Girls Inc.

National

Childs Name: _____

Childs Grade: _____ Childs Age: _____

Number in Household (adults and children): _____

Annual Household Income

- Below \$10,000
- \$10,000- \$15,000
- \$15,000- \$20,000
- \$20,000- \$25,000
- \$25,000- \$30,000
- \$35,000- \$40,000
- \$45,000—\$75,000
- \$50,000-\$55,000
- \$55,000-\$60,000
- \$60,000-\$70,000
- \$70,000-\$80,000
- Over \$80,000

Child Qualifies For

- Free Lunch
- Reduced Lunch

Family Configuration

- Living with two parents
- Living with mother only
- Living with father only
- Living with one parent at a time (joint custody)
- Grandparent / other relative(s)
- Multi-family
- Foster parent(s)

Race

- Native American/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- Middle Eastern/North African
- White/Caucasian
- Multiethnic
- Other: _____

Ethnicity

- Not Hispanic or Latina
- Hispanic or Latina

Primary Language

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

Please select the highest level of education

Mother

- Less than high school
- High school diploma/GED
- Some College
- 2 year college
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Professional Degree
- Don't know or N/A

Father

- Less than high school
- High school diploma/GED
- Some College
- 2 year college
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Professional Degree
- Don't know or N/A

Is any member of immediate family active duty military personnel?

- Yes
- No

Is your child an English Learner?

- Yes
- No