

TEEN PROGRAM

AUGUST 21, 2025 - JUNE 10, 2026

Child's Name: (full name): _____

Grade in 2025-2026: _____ **Age:** _____

Shirt Size: Youth: Small Medium Large XL
Adult: Small Medium Large XL

Program Details

6th - 8th Grade

☐ Part-time: 1 - 2 days a week \$250 a month ☐ Full Time: 3 - 5 days a week \$550 a month

*****Please select the desired attendance days for your child*****

Monday	Tuesday	Wednesday	Thursday	Friday

Scholarships Available

Program Hours: 1:00 PM – 5:30 PM (Note: Start times may vary based on school dismissal times)

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)**

Payment Due Date & Frequency: Payment for the first week and membership fee is required at registration and is non-refundable. Monthly fees must be paid in advance, by the Friday prior to the week of attendance. Bills will not be mailed. **Accounts exceeding \$300 will result in suspension of services.** Delinquent accounts may lead to enrollment termination and collections proceedings. Payment plans may be available—please see the Director for details. _____ **(Initial)**

Schedule Changes: All schedule changes must be submitted in writing at least one month in advance using the designated form available in the Girls Inc. office. If your child is excused for an entire week with proper notice, you will not be billed for that week. Without timely notice, you will be billed according to your regular monthly schedule. _____ **(Initial)**

Failure to Report Absence: If your child will not be attending Girls Inc., you must notify the office by 12:00PM on the day of the absence. Failure to report by this time will result in a \$5.00 charge. _____ **(Initial)**

Please see admissions agreement for further details.

Scholarship Program

☐ **I am interested** in learning more about the scholarship opportunities available for the program.

*****Checking this box does not guarantee enrollment in the scholarship program*****

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

Inspiring girls to be Strong, Smart, and Bold

For Office Use Only

Fees: _____ % Given: _____ Scholarship Amount: _____ Family Pays: _____

Approval Signaure: _____ Date: _____