



## February Vacation Week Program Registration Form

Please Circle One: **Albany Center** or **Schenectady Center**

Girl's Name: \_\_\_\_\_ Girl's Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (H): \_\_\_\_\_ (C): \_\_\_\_\_ Email: \_\_\_\_\_

Dates Attending: 2/20 \_\_\_ 2/21 \_\_\_ 2/22 \_\_\_ 2/23 \_\_\_

**\*\* Girls need to bring a lunch daily – NO microwave or oven food please.  
Lunches will not be refrigerated. Snacks will be provided.**

How did you hear about the program? \_\_\_\_\_

Emergency Contact Information:

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### Registration and Payment:

Mail or deliver this form and your payment to:

Girls Inc.  
962 Albany Street  
Schenectady, NY 12307

#### **\*Sliding Scale Fee**

To qualify for the sliding scale fee you must fill out the following information and mail this form to the address above. We will then call you with payment information and instructions.

Total number of people living in household: \_\_\_\_\_

Total annual income of household: \_\_\_\_\_

**\*\*\*NO REFUNDS AVAILABLE\*\*\***