



Girls Inc.
of the Greater Capital Region

*With centers in Albany
and Schenectady*

Administrative Office
962 Albany Street
Schenectady, NY 12307

Ph: 518-374-9800
Fax: 518-347-1009

website
girlsinccapitalregion.org

email
info@gcr.girls-inc.org

Join us for.....
Protect our Planet!

April Vacation Week Program

Who: Girls in grades K-8

What: A fun filled week all about the environment: celebrate Earth Day, learn about Arbor Day and what the Gratitude Tree is! Girls will explore the outside world and learn how nutrition and the environment are related. Field trips include the Children’s Museum of Science and Technology and local parks.

Where: Albany Center
80 Central Ave.
Albany, NY 12206 or Schenectady Center
962 Albany Street
Schenectady, NY 12307

When: Monday 4/22 – Friday 4/26
9am – 5pm
(Early drop off at 8:00am is available upon request, \$5 fee per day)

Cost: \$10-15 per day based on a sliding scale fee.
(Due to limited spaces fee will increase \$5 a day if registered and/or paid after 4/17)

Contact: Administrative Office – 518-374-9800

Use back of page to register



This is not a school sponsored event. The City School District of Albany and the City School District of Schenectady are not responsible or liable for any problems or damages arising from participation in this activity. Approval for distribution of these materials does not imply endorsement by the school district.

MAIL OR DELIVER THIS FORM AND YOUR PAYMENT TO:
GIRLS INC.
962 ALBANY ST.
SCHENECTADY, NY 12307

PLEASE CIRCLE ONE: ALBANY CENTER OR SCHENECTADY CENTER

GIRL'S LAST NAME: _____ GIRL'S FIRST NAME: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

DOB: ____/____/____ AGE: _____ GRADE: _____ SCHOOL: _____

CELL/PHONE: _____ - _____ - _____ EMAIL: _____

PARENT/GUARDIAN'S NAME: _____ ALT PHONE: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

DATES ATTENDING: 4/22 ___ 4/23 ___ 4/24 ___ 4/25 ___ 4/26 ___ EARLY DROP OFF: YES OR NO, IF YES WHICH DAYS: M T W TH F

HOW DID YOU HEAR ABOUT THE PROGRAM? _____

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.

The following information is required for reporting to funding sources: Information remains confidential

YEARLY HOUSEHOLD INCOME: \$ _____ NUMBER OF PEOPLE LIVING IN HOME: _____

WHOM THE MEMBER LIVES WITH: BOTH PARENTS: ___ MOTHER ONLY: ___ FATHER ONLY: ___ JOINT CUSTODY: ___

IF NEITHER PARENT (PLEASE LIST WHOM THE CHILD LIVES WITH): _____

FOSTER CARE: (PLEASE CHECK ONE): YES ___ NO ___

RACE: BLACK/AFRICAN AMERICAN: ___ WHITE/EUROPEAN AMERICAN: ___ HISPANIC/LATINA: ___

NATIVE AMERICAN/AMERICAN INDIAN: ___ MULTIRACIAL/MULTIPLE/BIRACIAL HERITAGE: ___ OTHER: _____

HOME LANGUAGE (OTHER THAN ENGLISH): SPANISH: ___ OTHER (PLEASE SPECIFY): _____

TREATMENT CONSENT: I hereby grant permission for my daughter to become a member of Girls Inc. of the Greater Capital Region. I authorize a staff member of said organization consent to medical treatment at any health care facility as necessary to preserve the health of my child.

INITIALS: _____

FIELD TRIP CONSENT: I give my consent for my child to participate in field trips and neighborhood outings arranged and supervised by the staff of said organization, and therefore allowing my child to be transported by vehicle or walking (with adult supervision in order to arrive at the destination).

INITIALS: _____

PHOTOGRAPH CONSENT/SOCIAL MEDIA: I give my permission for my child to be photographed, filmed and/or recorded during Girls Inc. activities for in-house and/or news purposes. I understand that her picture and voice may be used on the Girls Inc. literature and social medias.

INITIALS: _____

ACADEMIC CONSENT: I give my permission for said organization to access, if need be, my child's academic records or information from other involved agencies with the understanding that these records will not be released without my consent so that she may be best served.

INITIALS: _____

I have read and answered all information to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

**** GIRLS NEED TO BRING A LUNCH DAILY – NO MICROWAVE OR OVEN FOOD PLEASE.
LUNCHES WILL NOT BE REFRIGERATED. SNACKS WILL BE PROVIDED.**

****DUE TO LIMITED SPACES FEE WILL INCREASE \$5 PER DAY IF REGISTERED AND/OR PAID AFTER 4/17**

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