Join us for......

Black History Month

February Vacation Week Program

Who: Girls in grades K-8

What: Come join us and help celebrate Black History Month! Participate in fun, hands on activities. Field trips include NYS Museum and roller skating!

Where: Albany Center
80 Central Ave.
Albany, NY 12206

Schenectady Center
962 Albany Street
Schenectady, NY 12307

or

When: Tuesday 2/18 – Friday 2/21
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 2/12)

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: 2/18 __ 2/19 __ 2/20 __ 2/21 __

EARLY DROP OFF: YES OR NO, IF YES WHICH DAYS: 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: __________________________

ATTENDANCE POLICY: I acknowledge that if we do not follow the guidelines of the attendance policy, my child will forfeit her spot at Girls Inc.

INITIALS: __________________________

I have read and understand all provided information.
I have read and answered all the 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**