

## GIRLS INC. SUMMER FUN 2022

### GIRLS INC. WELCOMES YOU!

**Girls Inc. of the Greater Capital Region** is pleased to announce our summer program for 2022! We welcome girls to join us in a variety of programs and activities geared to inspire all girls to be **strong, smart and bold.**

**Who:** Girls who are entering *Kindergarten through 8th grade*

**What:** A spectacular 6 week Summer Fun program!

**When:** July 11th through August 19th, 2022 from 9:00am to 5:00pm

**Where:** 962 Albany St., Schenectady, NY or 80 Central Ave, Albany, NY

**Cost:** \$70-\$90 per week (sliding scale)

### REGISTRATION

**Completed paperwork, including immunization records, and full payment** for the first session will be due by **Friday, July 1st.** If payment has not been received by this date, space will be forfeited to those on our waiting list.

**There are no refunds for withdrawal from the programs after Friday, July 1st**

**Camp MUST be paid on the Friday before the start of the each session**

**Confirmation and payment information will be emailed after completed paperwork and immunization records are received.**

### Rights of Parents and Guardians

Parents and Guardians have the rights:

- to be informed by the camp director, or her designee, of any incident involving your child, including serious injury, illness or abuse
- to review inspection and investigation reports for a camp, which are maintained by the local health department issuing the camp a permit to operate (present and past reports are available).
- to review the required written camp plans. These are on file at both the camp and the health department issuing the permit to operate.

Girls Inc. would like to thank **National Grid** for being the 2022 presenting sponsor of Summer Fun.

**nationalgrid**  
HERE WITH YOU. HERE FOR YOU.

## GIRLS INC. SUMMER FUN APPLICATION 2022

Member's First Name: \_\_\_\_\_ Member's Last Name: \_\_\_\_\_

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

Parent/ Guardian's Cell/Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian's Email: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Grade in Fall 2022: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

Additional Parent/Guardian's Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Does the member have any food restrictions (not allergies): Yes \_\_\_ No \_\_\_ If yes what:

\_\_\_\_\_

Does the member have any *allergic reactions*: Yes \_\_\_ No \_\_\_

Please specify in detail:

**The following information is required for reporting to funding sources:**

**Information remains confidential: (REQUIRED)**

**Yearly Household Income:** \$ \_\_\_\_\_ **Number of People living in the home:** \_\_\_\_\_

**Whom the member lives with :** Both parents: \_\_\_\_\_ Mother Only: \_\_\_\_\_ Father Only: \_\_\_\_\_

One parent at a time (Joint Custody): \_\_\_\_\_ Other Guardian (Please List): \_\_\_\_\_

**Foster Care: (please check one):** Yes \_\_\_\_\_ No \_\_\_\_\_

**Ethnicity (check all that apply):** Black/African American: \_\_\_\_\_

White/European American: \_\_\_\_\_ Hispanic/Latina: \_\_\_\_\_

Native American/American Indian: \_\_\_\_\_ Multiracial/Multiple/Biracial Heritage: \_\_\_\_\_

Other: \_\_\_\_\_

**Weekly Sessions & Themes**  
(please check which sessions camper will attend)

**ALBANY CAMP      OR      SCHENECTADY CAMP      (circle one)**

\_\_\_\_\_ **Week 1: July 11th– July 15th: Fun with STEM**

\_\_\_\_\_ **Week 2: July 18th– July 22nd: Coding Girls**

\_\_\_\_\_ **Week 3: July 25th-29th: Food Chemistry**

\_\_\_\_\_ **Week 4: August 1st– 5th: All About Art**

\_\_\_\_\_ **Week 5: August 8th– 12th: Adventure in Teams**

\_\_\_\_\_ **Week 6: August 15th– 19th: Learn to Swim**

**\*\*\*NY STATE LAW REQUIRES THE FOLLOWING TO BE COMPLETED PRIOR TO  
START OUR  
SUMMER PROGRAM\*\*\***

Health Insurance Carrier: \_\_\_\_\_ Group No.: \_\_\_\_\_

ID# \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Date of last physical: \_\_\_\_\_  
(must be within last 6 months)

1. Health concerns or learning problems:

\_\_\_\_\_

\_\_\_\_\_

2. Is your child currently on any *medication*? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain (all medications must be accompanied by a doctor's note permitting the administration:

If bee sting kit or inhaler is needed, will she carry it at all times? Yes \_\_\_\_ No \_\_\_\_

Medication (s): \_\_\_\_\_

Administer Times: \_\_\_\_\_

***Please provided the most recent immunization records. The application will be incomplete until received.***

**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 to consent to emergency medical treatment at any health care facility as necessary to preserve the health of my daughter.

Initials \_\_\_\_\_

**FIELD TRIP CONSENT:** I hereby grant permission for my daughter to participate in field trips and neighborhood outings arranged and supervised by the staff of Girls Inc., 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:** I give permission for my daughter to be photographed, filmed and/or recorded during Girls Inc. activities for in-house and/or news purposes.

Initials \_\_\_\_\_

**SUNSCREEN CONSENT:** I give permission for my daughter to carry and use sunscreen. I understand the sunscreen is not used for treatment of an injury or illness. I give permission for Girls Inc. staff to apply the sunscreen if necessary. The sunscreen is approved by the FDA for over-the-counter use.

Initials \_\_\_\_\_

**BUG REPELLENT CONSENT:** I give permission for my daughter to have insect repellent at camp. I give permission for Girls Inc. staff to apply the insect repellent if necessary. I understand my daughter will not carry the insect repellent themselves, the insect repellent will be given to and be under the control of Girls Inc. staff.

Initials \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Internet Contract:**

**I will:**

- use the computers only for exploration, education, and fun while visiting only constructive and lawful sites.
- use the computers to view, download, send, print, and display material that are respectful, constructive, and honorable.
- use decent proper language, and observe proper netiquette.
- treat others with respect.
- use only authorized software on the computers.
- get permission before I change, copy, rename, delete, or otherwise access file or software that are not my own creation.
- honor and accept all copyright laws.
- keep my individual password confidential, and not give it out to others.
- ask for permission to go on a website that is not listed on the Girls Inc OK Sites list or web board before accessing the site.

**I will NOT:**

- damage, disable, or interfere with the operation of computers, computer systems, software or related equipment through physical action or by electronic means.
- reveal personal information about myself or of other members or friends while on the internet, for example, names, home addresses, telephone numbers.
- use chat rooms at any time because they are unsafe.
- access any website where I do not meet the age requirement set forth by that website, if I do meet the requirement I will have an appropriate permission slip signed by my parent/guardian to use.
- post pictures of myself, friends, or others taken at Girls Inc. to any website.
- post any negative or bullying messages to any websites.

Girls Inc. technology use is a privilege, and not a right. Inappropriate use may result in disciplinary action.

As a member of Girls Inc., I agree to be **S.M.A.R.T.:**

**S** Strong, smart and bold

I am in control of my own destiny.

**M** My personal best

I agree to do my personal best in everything I do.

**A** Academics

I know that my education is important and I agree to ask for help when I need it.

**R** Respect

I agree to show and give respect by treating others as I want to be treated.

**T** Take responsibility for my own actions

I agree that by not yelling, cursing, hitting, name calling, and putting down my peers that I show and give respect.

By Initialing I acknowledge:

\_\_\_\_\_ The member will follow the rules of the internet contract while attending Girls Inc.

\_\_\_\_\_ The member will follow the SMART Contract while attending Girls Inc.

\_\_\_\_\_ The Department of Health's Parent/Guardian Rights.

\_\_\_\_\_ That there are no refunds.

\_\_\_\_\_ That Girls Inc does not allow for daily rates.

\_\_\_\_\_ That I must pay by the Friday before each session. If my child is dropped off and Girls Inc does not have payment I will be called to come and pick her up.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_