

MEMBERSHIP FORM
GIRLS INCORPORATED OF THE GREATER CAPITAL REGION

ADMINISTRATIVE OFFICE: 962 ALBANY ST., SCHENECTADY, NY 12307 • PHONE: 518-374-9800

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: _____

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

EMERGENCY CONTACT PERSON #1: _____ PHONE: _____

HOW DID YOU HEAR ABOUT GIRLS INCORPORATED®? _____

MEDICAL INFORMATION Please list any medical condition we should be aware of: _____

LIST ALL DAILY MEDICATION: _____ INSURANCE CARRIER: _____

PLEASE LIST ANY DISABILITIES (Learning, Developmental, Emotional, Visual, Hearing, Mobility, Multiple, etc.): _____

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 Incorporated 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 Incorporated activities for in-house and/or news purposes. I understand that her picture and voice may be used on the Girls Incorporated 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 the Girls Inc. INITIALS: _____

I have read and understand all provide information (Parent Information Form, Membership Form, Liability Waiver, SMART contract, Internet Calendar)Contract,

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

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

ADMINITSTRATION USE ONLY:

SPRING: ____ FALL: ____ SMART CONTRACT: ____ INTERNET CONTRACT: ____ ENTERED INTO TRAX: YES OR NO