




# Girls Inc. of Santa Fe Summer Camp 2020 Grades K(5yrs) - 6th Registration



Please mark which weeks you'd like to sign your girl up for. You may sign her up for one week, several weeks, or all eight weeks.



	Please check the weeks you want to enroll your girl	
	June 1– 5	Celebrating You & Me
	June 8 - 12	I am a Leader
	June 15 - June 19	I am an Environmentalist
	June 22 - June 26	I am an Advocate
<b>NO</b>	June 29 - July 3	<b>(NO CAMP)</b>
	July 6 - July 10	I am an Explorer
	July 13 - July 17	I am a Designer
	July 20 - July 24	I am a builder
	July 27 - July 31	Celebrating our Community

Each week of camp will be filled with art, sports, swimming, group games, teambuilding, "me time," and lots of fun! Each session will have a program of focus. Below are brief program descriptions. Please let us know if you would like further information on them. All programs include research-based, age-appropriate activities.

## Celebrating You and Me

Will give the girls a chance to get to know one another through diverse hands on and experiential activities designed to help girls express their true selves as well as appreciate and learn from our differences!

### I am a Leader

Girls will explore leadership roles in different context and have opportunities to strengthen their own leadership skills!

### I am an Environmentalist

Girls will investigate environmental issues through hands on, experiential STEAM (Science, Technology, engineering, art, and math) activities!

### I am an Advocate

Girls will focus on communication, public speaking and of course advocating for themselves and others!

### I am an Explorer

Girls will have the opportunity to explore a variety of areas and spaces around Santa Fe, including local gardens and farms!

### I am a Designer

Girls will explore the world of design, engineering and art while creating their own original works!

### I am a Builder

Girls will learn how to use their imaginations to build with their hands as well as explore what it means to build strong relationships and communities!

## Celebrating our Community

In our final week girls will spend time celebrating the community we have built together, throughout the Summer!

***Inspiring all girls to be strong, smart, and bold.  
Inspirar a las ninas y las jovenes a ser fuertes, inteligentes y decididas.***

# **FAMILY INFORMATION**

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

**Girl's name:**

\_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Girl's e-mail Address: \_\_\_\_\_

Is there anything else we should know about your daughter that will help us to provide her with the best and safest possible experience?

**Girl's Shirt Size (circle one):** Youth Size Sm (6-8) Med (10-12) Lrg (14-16)  
Or Adult Size Sm Med Lrg

## **E-mail Correspondence**

We utilize email often to communicate with families about Summer Camp and other program events.

Please provide us with 1 or more e-mail address that you check often (work or personal).

This e-mail address will be used by Girls Inc. of Santa Fe only. **Please print clearly!**

E-mail #1 \_\_\_\_\_

E-mail #2 \_\_\_\_\_

## **Parent/Guardian I:**

\_\_\_\_\_  
Last First MI

Address (if different than above):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

## **Parent/Guardian II:**

\_\_\_\_\_  
Last First MI

Address (if different than above):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

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## CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative, or legal guardian, I hereby give consent to Girls Inc. of Santa Fe to take my girl to the dentist, physician or hospital named below for medical treatment in the event of an emergency. If I or any other legal guardian cannot be reached, I also authorize any licensed physician or medical treatment center to treat my girl in case of an emergency in which the physician named below cannot be reached.



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

## EMERGENCY INFORMATION

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have medical insurance? **Y** or **N** Date of last Tetanus shot \_\_\_\_\_

Name of Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Any known allergies?: **Y** or **N** If yes, please list: \_\_\_\_\_

Are there any medical conditions we should be aware of? **Y** or **N**

If yes, please explain: \_\_\_\_\_

Does your girl have any special needs that require special accommodations? **Y** or **N**

If yes, please explain: \_\_\_\_\_

**Please list two people to act on your behalf in a medical emergency in the case that you or any other parent or legal guardian cannot be reached:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to girl \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to girl \_\_\_\_\_

## PARENT PERMISSION/ RELEASE OF LIABILITY

\_\_\_\_\_ has permission to participate in the programs of Girls Incorporated of Santa Fe. I understand that some of these programs and their impact on my girl will be evaluated and tracked so Girls Inc. can measure the impact of the program on girls. I understand the surveys are completed anonymously and give my girl permission to participate in them.

She has permission to be transported in the Girls Incorporated vehicles. I agree not to hold Girls Incorporated liable for any injury or accident which might occur.

I give my permission for my girl to be photographed as well as her name and her experiences here at Girls Inc. used in the newspaper, magazine, radio, TV, video, website, social media, brochures, or other communications in conjunction with Girls Incorporated of Santa Fe.

She has my permission to swim with Girls Incorporated of Santa Fe. I agree that I will not hold Girls Incorporated of Santa Fe liable for any injury or accident that might occur while participating in the swim program.

As the parent, legal guardian or agency representative, I understand that should my girl be injured while participating in this program, I cannot hold Girls Inc. responsible and I understand that by providing my signature I waive my right to attempt to hold Girls Inc. of Santa Fe responsible. I have read and agree to abide by all guidelines and policies as set forth in the materials that have been provided for my review.



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

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## ADDITIONAL INFORMATION

**Please Note:** Girls Inc. of Santa Fe collects this information for the purpose of obtaining funding and providing the best services to all girls in our community. This information is kept anonymous. Girls Inc. appreciates your time and cooperation in submitting this information as accurately as possible.

**Adjusted Gross Income for 2019** (from the bottom line of the first page of your 2019 Federal Income Tax Form) \_\_\_\_\_

**Number in Household** \_\_\_\_\_ (as claimed on Federal Income Tax Form)

**Ethnicity:**

- ☐ Hispanic
- ☐ Latina country of origin \_\_\_\_\_
- ☐ White/Non Hispanic
- ☐ African American
- ☐ Asian American
- ☐ Multiracial/Multiple Heritage
- ☐ Native American/American Indian/1st Peoples Tribal Affiliation: \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**Family Configuration:**

- ☐ Two Parents
- ☐ Single Mother
- ☐ Single Father
- ☐ One Parent at a time (Joint Custody)
- ☐ Foster Care
- ☐ Grandparent
- ☐ Other \_\_\_\_\_

**Primary Language:**

- ☐ English
- ☐ Spanish
- ☐ Other \_\_\_\_\_

**Does your girl(s) qualify for free or reduced lunch at school?**

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**Highest Level of Education Completed By Parents/Guardians:**

**Parent/Guardian I**

- ☐ Elementary (K – 8)
- ☐ High School (9 – 12)
- ☐ Assoc./Vocation/Tech.
- ☐ 4 Yr College
- ☐ Graduate School
- ☐ Other (specify) \_\_\_\_\_

**Parent/Guardian II**

- ☐ Elementary (K – 8)
- ☐ High School (9 – 12)
- ☐ Assoc./Vocation/Tech
- ☐ 4 Yr College
- ☐ Graduate School
- ☐ Other (specify) \_\_\_\_\_

**Residency:** \_\_\_ City of Santa Fe \_\_\_ Santa Fe County \_\_\_ Outside Santa Fe County \_\_\_ Reservation/Pueblo

**What school will your girl attend this Fall 2020?** \_\_\_\_\_

**Grade your girl will be going into in Fall 2020?** \_\_\_\_\_

**How did you hear about Girls Inc. of Santa Fe?** \_\_\_\_\_

\*\*\*\*\*

**We are trying to build our contact list of alumni, Thanks for your help!**

**Has your daughter previously attended Girls Inc.? No \_\_\_ Yes \_\_\_ (yes, list below):**

**When? \_\_\_\_\_ How long? \_\_\_\_\_**

**Have you, a family member or friend been a Girls Inc. or Girls Club participant? \_Y\_ N**

**When? \_\_\_\_\_ How long? \_\_\_\_\_**

**Contact information: Name: \_\_\_\_\_ Phone#: \_\_\_\_\_**

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## IF YOUR GIRL WILL BE 9 YEARS OLD BY 7/31/2020, PLEASE FILL OUT THIS FORM



### STRONG, SMART & BOLD OUTCOMES SURVEY CONSENT FORM Youth, ages 9-12

As part of a larger initiative, Girls Inc. of Santa Fe is taking part in the **Strong, Smart & Bold Outcomes Survey**. The survey will take place in Girls Inc. organizations across the United States and Canada, and asks girls questions about topics such as nutrition and physical activity, school engagement and grades, leadership and relationship skills, risky behaviors like alcohol, tobacco, and drug use, and her experience at Girls Inc.

The survey takes 20-30 minutes to complete.

The survey has been designed to be taken on-line, and will cause little or no risk to your daughter. The only potential risk is that some girls may find certain questions sensitive, like questions about cigarettes, alcohol or drugs. Girls will not put their names on the survey, and no one at Girls Inc. of Santa Fe will see girls' individual answers. A code will be used instead of girls' names. Your daughter's survey answers will be added to those from other girls' surveys so that we can better understand what Girls Inc. is like for her and for other girls across the U.S. and Canada. Further, no individual girl or organization will ever be mentioned by name in a report of the results. All information from the survey is being used to assess the wellbeing of Girls Inc. members and will be kept completely confidential. Girls Inc. and its evaluators, the Department of Health and Human Services, and Advarra IRB may have access to the survey data, but never in a way that can identify your daughter.

Your daughter will get no direct benefit right away from taking part in the survey. The results of the survey will help your daughter and other Girls Inc. girls in the future by assisting the national Girls Inc. organization to develop programming and activities that best meet girls' needs.

We would like all selected girls to take part in the survey, but the survey is completely voluntary, and no one is required to participate. Girls may answer some, none, or all of the questions. Girls may also stop taking the survey at any point. There will be no loss of benefits to you or your daughter if you/she decide not to take part or to stop taking the survey.

Your daughter will not be paid for taking part in the survey, and there is no cost to you.

For more information, you may contact Sara Gmitter at [sgmitter@girlsincofsantafe.org](mailto:sgmitter@girlsincofsantafe.org)

If you would like to see the survey, a review copy is available from the Program Office.

Please complete the section below and return it by June 1, 2020.

If you have additional questions or concerns about the survey, please contact Dr. Cristin Rollins, National Director of Research & Evaluation at Girls Inc., at [crollins@girlsinc.org](mailto:crollins@girlsinc.org) or [317] 634-7546 X130.

This study has been reviewed by an Institutional Review Board (IRB) to help ensure that your or your daughter's rights and welfare are protected and that this study is carried out in an ethical manner. For questions about your or your daughter's rights as a research subject, contact Advarra IRB at [adviser@advarra.com](mailto:adviser@advarra.com) or [877] 992-4724 (toll free).

Girl's Name: \_\_\_\_\_ Girl's Age: \_\_\_\_\_

I have read this form and know what the survey is about.

PLEASE CHECK ONE OF THE BELOW:

- ☐ Yes, my daughter may participate in the survey.  
☐ No, my daughter may NOT participate in the survey.

Parent/Guardian name: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_  
PRINT SIGN

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