




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
NO	June 29 - July 3	(NO CAMP)
	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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