



2024 Enrollment Form



Member Information:

Member Name: _____ Age: ____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Grade: _____ School: _____

Allergies: _____

Disabilities: _____

Parents/Guardians: (parent #1 is considered the custodial parent)

Parent/Guardian #1: _____

Address: _____

Home #: _____ Cell #: _____

Employer: _____ Work #: _____

E-mail: _____

Parent/Guardian #2: _____

Address: _____

Home #: _____ Cell #: _____

Employer: _____ Work #: _____

E-mail: _____

Emergency Information: If custodial parent/guardian is not available in an emergency, we will notify the following

Name: _____ Relationship to member: _____

Phone # _____ Cell # _____

Name: _____ Relationship to member: _____

Phone # _____ Cell # _____



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The following people may pick my child up from Girls Inc.

Demographic Information

The following information is needed for statistical purposes only and is strictly confidential.

<u>Ethnic background</u>	<u>Family Income</u>	<u>Child lives with</u>
<input type="checkbox"/> White	<input type="checkbox"/> under \$10,000	<input type="checkbox"/> both parents
<input type="checkbox"/> Black/African American	<input type="checkbox"/> \$10 - 15,000	<input type="checkbox"/> mother only
<input type="checkbox"/> Hispanic / Latina	<input type="checkbox"/> \$15 - 20,000	<input type="checkbox"/> father only
<input type="checkbox"/> Asian	<input type="checkbox"/> \$20 - 25,000	<input type="checkbox"/> one parent at a time
<input type="checkbox"/> Multi-racial	<input type="checkbox"/> \$25 - 30,000	Other _____
	<input type="checkbox"/> \$30 - 50,000	
	<input type="checkbox"/> More than \$50,000	

Parental Authorization

I authorize Girls Inc. staff to administer basic and temporary first aid to my child if necessary. In the event of a serious injury, I give Girls Inc. permission to transport my child to a hospital or other emergency facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I also agree to accept full financial responsibility for any injury that my child may incur as a result of her participation. I further agree to release from and to indemnify for any liability, now and hereafter, for any injury my child may incur as a result of her participation in the program activity, Girls Incorporated of Shelbyville/Shelby County, their employees, officers, and volunteers. I make this agreement on behalf of my heirs, my estate, and myself. I understand that Girls Inc. personnel will contact me as soon as possible regarding any emergency involving my child.

I give my child permission to attend local outings as part of the daily activities of Girls Incorporated programs. (park, field trips...etc.)

I authorize Girls Incorporated to publish my child's name and photograph in the newspaper, newsletter, web page, or other promotional publications.

I agree to pay and be fully responsible for any and all fees and expenses incurred by my child related to her participation or involvement in any activities associated with Girls Incorporated, including but not limited to: before and after-school programs, holiday breaks, sports leagues or activities, gymnastics, field trips, summer camps, and any other activities in which my child participates through Girls Incorporated. I further agree that in the event collection proceedings are necessary to collect any unpaid fees or expenses which I owe that I will be responsible for payment of any attorney's fees and expenses incurred by Girls Incorporated to collect all outstanding amounts.

I understand that Girls Inc. can use a program called Professional Crisis Management (PCM) and that there are Girls Inc. staff who are certified in this protocol and have the right to use it if any safety concerns or crisis situations arise. Disclaimer: PCM is only used in extreme safety situations.

I hereby declare that all above information is correct, and I will be responsible for providing Girls Inc. with any information that changes throughout the year.

Signature / Parent-Guardian

Date

Girls Incorporated of Shelbyville/Shelby County Member Technology and Internet Use Policy

Member Name: _____

All members are responsible for their actions and activities involving Girls Incorporated of Shelbyville/Shelby County computers, network resources, and internet services.

Acceptable Uses:

- Girls Inc. technology (computers, iPad's, etc.), network and Internet services are provided for educational purposes
- Members must comply with all policies, rules, and expectations concerning member conduct and communications when using center computers

Prohibited Uses:

- Accessing inappropriate material- Students may not access, submit, post, publish, forward, download, scan or display offensive, abusive, obscene, vulgar, sexually explicit, sexually suggestive, threatening, discriminatory, harassing, bullying and/or illegal material or messages
- Staff members must **always** accompany and supervise members while using any technology.
- Members must receive permission to print material.

NO food (including gum and candy) or drinks allowed around Girls Inc. technology.

NO Instant Messaging or online chatting allowed

NO email use by students

NO software installation or program downloads by students

NO music or MP3 downloading

NO "burning" of music CD's of any kind using Girls Inc. computers

NO posting to electronic bulletin boards or message boards

NO changing of computer configuration settings (i.e.: home page, passwords, screensaver) or altering the desktop display

NO social media (Facebook, Twitter, etc.)

NO playing any game that you need to sign in to play

NO getting on any website that needs a username and/or password

Parent or Guardian must read and sign this agreement. As a parent or guardian of this member I have read the member technology and internet policy. I understand that this access is designed for educational purposes. However, I realize that it is impossible for Girls Incorporated of Shelbyville/Shelby County to restrict access to controversial materials and I will not hold Girls Incorporated of Shelbyville/Shelby County responsible for any materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a Girls Incorporated of Shelbyville/Shelby County setting. I hereby give permission for my child to be allowed Girls Incorporated of Shelbyville/Shelby County network access and certify that the information contained on this form is correct.

Parent or Guardian Name (please print): _____

Parent or Guardian Signature: _____ Date: _____

STRONG, SMART & BOLD OUTCOMES SURVEY CONSENT FORM**Teen, ages 13-18****Only required for girls turning 13-18 by May, 2024**

As part of a larger initiative, Girls Inc. of Shelbyville & Shelby County. 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 questions about topics such as nutrition, mental and physical health, school engagement and grades, leadership and relationship skills, risky behaviors like alcohol, tobacco, and drug use, sexual activity, and the experience at Girls Inc.

The survey takes 35-40 minutes to complete.

The survey has been designed to be taken on-line and will cause little or no risk to your child. The only potential risk is that some questions may ask about sensitive topics, like alcohol, drugs, or sexual behaviors. Participants will not put their names on the survey, and no one at Girls Inc. of Shelbyville & Shelby County. will see individual survey answers. A code will be used instead of girls' names. Your child's survey answers will be added to those from other 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 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 child.

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

We would like all participants to take part in the survey, but the survey is completely voluntary, and no one is required to participate. Participants may answer some, none, or all of the questions, and they may stop taking the survey at any point. There will be no loss of benefits to you or your child if they do not take part in the survey.

There is no payment or cost for taking part in the survey.

For more information, you may contact Kerri Coffey. at 317-392-1190.

If you would like to see the survey, a review copy is available at the front office.

Please complete the section below and return it with your registration.

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 or [317] 634-7546 X130.

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

Child's Name: _____ Child's Age: _____

SIGN if age 18: _____ Date: _____

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

PLEASE CHECK ONE OF THE BELOW:

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

Parent/Guardian name: _____ Parent/Guardian signature: _____

PRINT

SIGN

Date: _____ Time: _____

You may be emailed a PDF copy of this signed and dated consent form. There may be risks of loss of privacy and confidentiality if the PDF copy of this consent form is viewed and/or stored on a personal electronic device (PED), especially if that PED is shared with other users or is lost, hacked, or subject to a search warrant or subpoena. Also, the PDF copy of the consent may not be able to be permanently removed from a PED.