girls inc.

Inspiring all girls to be strong, smart, and bold

2017 CAMP IGNITE: FUEL HER FIRE AND SHE WILL CHANGE THE WORLD

GIRL'S NAME: _____ **GRADE (Sept. 2017):** _____

- Camp Hours: 8:30AM -4:30PM.
- Extended Care available from 4:30-6:00PM for an additional $5 per day.
- Financial assistance is available.
- Fees are $100 per week.
- Payments are due on Fridays according to the schedule listed below.
- The last day to make any schedule changes is May 19th. You will be required to pay for any dates you have signed up for as of this day.
- Refunds and credits will not be given for any days your girl is absent or for any schedule changes made after May 19, 2017.
- All payments are non-refundable.

Please place a check (√) next to the weeks you would like your girl to attend.

- ❑ June 12th - June 16th (Payment due June 2nd)
- ❑ June 19th- June 23rd (Payment due June 9th)
- ❑ June 26th- June 30th (Payment due June 16th)
- ❑ July 3rd - July 7th (Payment due June 23rd) ***WE ARE CLOSED JULY 4***
- ❑ July 10th - July 14th (Payment due June 30th)
- ❑ July 17th - July 21st (Payment due July 7th)
- ❑ July 24th - July 28th (Payment due July 14th)
- ❑ July 31st - August 4th (Payment due July 21st)
- ❑ August 7th - August 11th (Payment due July 28th)

Parent/Guardian's Name:_____ Signature: _____
(Please print)

(Office use only)

Membership Paid ___ ***Date***_____ ***Staff Initials***_____ ***T-Shirt Received? Yes***

QuickBooks _____ ***Owe/Main List*** _____ ***Girl File Made*** _____ ***Emergency form x3*** _____

File Maker _____ ***Group Enrollment***_____ ***Alternative Payment*** ____ ***TRAX*** ____ ***CD Excel*** ____

girls inc.
Inspiring all girls to be strong, smart, and bold

Girls Inc. of Greater Santa Barbara
Membership Form

❑ Goleta Valley Center
❑ Santa Barbara Center
❑ Gymnastics

Today's Date___/___/___

MEMBER INFORMATION:

Child's Name (First, Middle, Last): _____ Date of Birth: ___/___/___ Age:_____

Address:_____ City:_____ State:_____ Zip:_____

Home Phone: _____ School:_____ Grade:_____ Home Language:_____

Race/Ethnicity/Cultural Background (circle): Asian American/Pacific Islander, Black/African American, Latina/Hispanic/Latin American, White/European/Anglo, Native American/American Indian, Multiracial

Did your child advance to the next grade level in the most recent school year? (circle) YES NO

PARENT/GUARDIAN INFORMATION:

Name: _____ Relationship: _____ Work Phone: _____ Cell: _____

Place of Work: _____ Occupation: _____ Email: _____

Name: _____ Relationship: _____Work Phone: _____ Cell: _____

Place of Work: _____ Occupation: _____ Email: _____

TELL US ABOUT YOUR CHILD:

Please provide any specific information (e.g., behavioral, emotional, cognitive, and/or social) that will assist us in ensuring we provide her/him with the most supportive care possible:

_____

_____

PERSONS AUTHORIZED TO PICK UP CHILD / EMERGENCY CONTACTS (Other than parents):

Name: _____ Relation:_____ Phone: _____

Name: _____ Relation:_____ Phone: _____

Name: _____ Relation:_____ Phone: _____

Name: _____ Relation:_____ Phone: _____

HOUSEHOLD:

Approximate annual income (circle): Less Than $10,000 $10,000 - $15,000 $15,000 - $20,000 $20,000 - $25,000 $25,000 - $30,000 $30,000- $40,000 $40,000-$50,000 $50,000-$60,000 $60,000-$70,000 $70,000-$80,000 $80,000-$90,000 $90,000-$100,000 Over $100,000

Member lives with (circle): Two Parents Mother Only Father Only One parent at a time (joint custody) Neither Parent
If Joint custody, please explain: _____

Family Size _____ Total Adults _____ Total Children _____

I hereby give permission for my child to become a member of Girls Inc. of Greater Santa Barbara. I understand my child will participate in a variety of indoor and outdoor activities, programs, and classes and that Girls Inc. of Greater Santa Barbara staff will take every precaution to provide these activities in a safe manner and environment.

Parent/Guardian Signature:_____ Date:_____

girls inc.

Inspiring all girls to be strong, smart, and bold

Girls Inc. of Greater Santa Barbara
Medical Form

Child's Name (First, Last): _____ **Date of Birth:** ___/___/___ **Age:**_____

HEALTH HISTORY:

Child is Subject to:			**Child Has or Has Had:**		
Colds	❑ **YES**	❑ **NO**	Heart Trouble	❑ **YES**	❑ **NO**
Sore Throat	❑ **YES**	❑ **NO**	Asthma	❑ **YES**	❑ **NO**
Fainting Spells	❑ **YES**	❑ **NO**	Lung Trouble	❑ **YES**	❑ **NO**
Muscle Sprains/Strains	❑ **YES**	❑ **NO**	Broken Bones	❑ **YES**	❑ **NO**
Bronchitis	❑ **YES**	❑ **NO**	Sinus Trouble	❑ **YES**	❑ **NO**
Convulsions/Epilepsy	❑ **YES**	❑ **NO**	Hernia (Rupture)	❑ **YES**	❑ **NO**
Cramps	❑ **YES**	❑ **NO**	Appendicitis	❑ **YES**	❑ **NO**
Allergies	❑ **YES**	❑ **NO**	Surgery of any Kind	❑ **YES**	❑ **NO**

Is the child currently under any type of medical treatment? ❑ **YES** ❑ **NO**
Please Explain "YES" answers:

_____

_____

Please list all medications the child is presently taking:

Name of Medication	Dosage	Times Taken	Prescribing Doctor

_____

Please list any allergies, dietary restrictions, and/or drug reactions:

_____

Please list any physical disabilities that may limit your child's activities at Girls Inc. (eyesight, hearing, speech, paralysis, diabetes, ulcer, etc.):

_____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Does your child have medical insurance? ❑ **YES** ❑ **NO** Name of Provider: _____

Does your child have dental insurance? ❑ **YES** ❑ **NO** Name of Provider: _____

Permission to Apply Sunscreen:
I authorize Girls Inc. of Greater Santa Barbara to apply sunscreen to my child: ❑ **YES** ❑ **NO**
If No, I understand I am responsible for applying sunscreen to my child before attending Girls Inc. and sending sunscreen from home. _____ (initial)

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

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

OFFICE USE ONLY: Scholarship Level: _____ **Referred By:** _____

2017

girls inc.
Inspiring all girls to be strong, smart, and bold

Girls Inc. of Greater Santa Barbara
Release of Liability & Waiver of Liability

Child's Name (First, Last): _____ Date of Birth: ___/___/___ Age:_____

Parent/Guardian: Please read the following Release / Waiver of Liability fully and be certain you understand it before signing below.

Assumption of full responsibility for all risks of bodily injury, death, or damages: As a parent or legal guardian of _____ (your child's name), I hereby consent to his/her participation in the programs offered by Girls Inc. of Greater Santa Barbara ("GIGSB"). I understand that participation in activities at GIGSB may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis or even death. _____ (initial)

Girls Inc. of Greater Santa Barbara Gymnastics Only: Various factors and causes, known and unknown could cause these injuries, which include, but are not limited to, the heights of the equipment and the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks involved in gymnastics, trampoline, dance, and all other physical activities offered by GIGSB Gymnastics and I am aware of the possibility of injury from participating in the aforementioned activities. _____ (initial)

Notification: In case of injury or any situation that would require medical attention during or by reason of a GIGSB program or excursion, it is understood that a conscientious effort will be made to notify the child's parent or guardian before medical attention or other necessary action is taken. If it is impossible to locate a parent or guardian, the expense of this service will be accepted by the child's parent or guardian on record. In the event that such medical treatment is necessary, I agree to release GIGSB from any liability in connection with such medical treatment. _____ (initial)

Waiver of Liability: In consideration for allowing my child to participate in activities offered by GIGSB. I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have, or my child has against GIGSB or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless Girls Inc. or any agent, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by GIGSB. I hereby release GIGSB and any agent, employee, representative or other acting on their behalf from liability for ordinary negligent conduct that may occur in the future. _____ (initial)

Should any part or parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older. _____ (initial)

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Girls Inc. of Greater Santa Barbara
FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____
NAME

. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE	WORK PHONE
( )	( )

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is http://ccld.ca.gov/contact.htm.

girls inc.

Inspiring all girls to be strong, smart, and bold

Girls Inc. of Greater Santa Barbara

How Did You Hear About Us?

❑ Goleta Valley Center
❑ Santa Barbara Center
❑ Gymnastics

Please complete this form ONLY if you are enrolling <u>for the first time, or after six months or more away</u>.

Date: _____ Name of Child: _____

Enrolling for: ❑ Fall ❑ Winter/Camp ❑ Spring/Camp ❑ Summer/Camp

Enrollment Status: ❑ First Time Enrolling ❑ Re-Enrolling (after 6 months or more out of program)

Local Sources (please check all that apply):

❑ A Friend/Word of Mouth Friend's Name: _____

❑ Girls Inc. Youth Bus/Van

❑ School (please specify school name and contact): _____

❑ Work/Place of Business (please specify): _____

❑ Flyer (please specify location): _____

❑ Community Event (please specify event): _____

❑ Girls Inc. Event (please specify event): _____

Internet/Online (please check all that apply):

❑ Girls Inc. Website	❑ Internet Search	❑ SB ParentClick.com	❑ Facebook
❑ Girls Inc. E-Mail	❑ YouTube	❑ LinkedIn	❑ Instagram
❑ EdHat	❑ Yellow Pages Online	❑ Yelp	❑ Twitter
❑ Pinterest	❑ Noozhawk	❑ Other (describe): _____	

Print/Media (please check all that apply):

❑ Santa Barbara Independent ❑ Santa Barbara News-Press ❑ Santa Barbara Family & Life

❑ Santa Barbara Sentinel

❑ Television (please specify station): _____

❑ Radio (please specify station): _____

❑ Other (please specify): _____

girls inc.

Inspiring all girls to be strong, smart, and bold

Girls Inc. of Greater Santa Barbara

Media Release for a Minor

Child's Name (First, Last): _____ Date of Birth: ___/___/___ Age:____

Parent/Guardian: This is a release of Legal Rights. Please read it carefully and be certain you understand it before signing below. A separate media release must be signed for each child within the same family.

I am the legal parent/guardian of (child's name) _____ ("My Child"). I hereby give unrestricted permission for My Child to be photographed and/or videotaped by Girls Inc. of Greater Santa Barbara ("GIGSB") or its representatives. I understand and agree that the photographs and/or video containing the image, likeness and/or voice of My Child, in whole or in part, may be used in the production of instructional and/or promotional materials produced by or on behalf of GIGSB, and that such materials may be distributed or broadcast to the public and displayed publicly.

I also understand that my permission to use the photographs or video is for an unlimited duration and that neither I nor My Child will receive any compensation or other consideration for granting this permission for the use by GIGSB.

I hereby grant GIGSB, and its agents the absolute right and permission to use My Child's image/likeness/voice and/or photographic portraits, pictures, digital images, stories, quotes, audio, or video of My Child, or reproductions thereof or otherwise for any lawful purpose, whatsoever, including but not limited to use in any GIGSB promotion through publication, website, social media, video, interview, event and/or advertising.

I hereby waive any right that I may have to inspect and/or approve the finished project or the copy that may be used in connection therewith, wherein My Child's likeness appears, or the use to which it may be applied.

I understand that I will need to notify GIGSB in writing if any changes to my situation occur that will impact this media release. I understand that any changes in consent will apply from the date of receipt of that written notification moving forward and cannot be applied retroactively to previously created photographs, stories, quotes and the like, and/or any promotional materials.

- ❑ CONSENT: I hereby certify that I am the legal parent(s) or guardian(s) of the above named child and do hereby give my consent without reservation to the foregoing on behalf of My Child.
- ❑ NON-CONSENT: I hereby certify that I am the legal parents or guardians of the above named child and do **not** hereby give my consent without reservation to the foregoing on behalf of My Child.

I am at least 18 years of age and am fully competent to sign this release.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date:_____

Phone: _____

2017

girls inc.
Inspiring all girls to be strong, smart, and bold

Girls Inc. of Greater Santa Barbara
Youth Bus Permission Form

Please read carefully and sign below.

My child, _____, has my permission to ride in Girls Inc. vehicles (defined as “Youth Bus” or “Mini-Van,”) as part of school pick-up service, field trips, and offsite activities.

In the event that my child misses the Girls Inc. school pick-up, through her own tardiness, I understand that it is my responsibility to arrange for her transportation to Girls Inc.

Girls Inc. drivers meet all California Highway Patrol (CHP) and Department of Motor Vehicles (DMV) licensing requirements.

I acknowledge that the Girls Inc. vehicles are not certified school buses and are not driven by school bus drivers.

Parent/Guardian Signature: _____ Date: _____

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

(1) To be accorded dignity in his/her personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.

(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.

(6) Not to be locked in any room, building, or facility premises by day or night.

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing

ADDRESS

6500 Hollister Avenue

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Goleta, CA	93117	(805) 562-0400

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
Girls Inc. of Greater Santa Barabara	

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: Community Care Licensing

   Licensing Office Address: 6500 Hollister Avenue, Goleta 93117

   Licensing Office Telephone #: (805) 562-0400

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: ***CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.***

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

LIC 995 (9/08) (Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS

(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Girls Inc. of Greater Santa Barbara
Name of Child Care Center

_____ _____
Signature (Parent/Authorized Representative) Date

NOTE: ***This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.***

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

girls inc.
Inspiring all girls to be strong, smart, and bold

Girls Inc. of Greater Santa Barbara
Admission Agreement

I. FEES

A. AFTER-SCHOOL PROGRAM

Full-Time/Part-Time defined: Full-time attendance is three or more days per week. Part-time attendance is one or two days per week. _____ (initial)

Kindergarten: The full-time fee is $120.00 per week. The part-time fee is $75.00 per week. _____ (initial)

Grades 1-6: The full-time fee is $110.00 per week. The part-time fee is $65.00 per week. _____ (initial)

Grades 7+: The full-time fee is $55.00 per week. The part-time fee is $35.00 per week. _____ (initial)

Holidays/Full Days: When Girls Inc. offers full-day programs on school holidays, the fee is $40.00 per day in addition to your weekly fee. The fee is non-refundable and must be paid in advance of the full day program. Notices of the full day programs will be placed in the parents' files several weeks in advance. _____ (initial)

Minimum Days/Parent Conferences: Girls Inc. will charge an extra $5.00 per day for any time your child gets picked up before 1:30PM. _____ (initial)

B. SUMMER PROGRAM

Grades K-6: The full-time fee is $200.00 per week. The part-time fee is $110.00 per week. _____ (initial)

Grades 7+: The full-time fee is $100.00 per week. A part-time fee is not offered for teens in the Summer Program. _____ (initial)

C. ALL PROGRAMS

Membership Fee: A non-refundable annual membership fee of $50.00 is due at time of registration. _____ (initial)

Financial Assistance: Limited Scholarships are available at the beginning of each year. Scholarships apply to all programs including Holidays. You may request a financial aid application from the individual centers. _____ (initial)

After School Payment Due Date & Frequency of Payment: Fees are due on a weekly basis in advance of the week of attendance (the Friday before your child attends on Monday). Bills will not be mailed to you. If payment is not received by Monday evening your child will not be picked up from school until a payment is received. Failure to keep your account current will jeopardize your child's enrollment at Girls Inc. and result in collections proceedings. _____ (initial)

Refunds and Credits: Refunds and credits will not be given for the days that children are absent except in cases of extreme emergency. By signing the Admissions Agreement you are reserving space for your child even when your child is absent. Parents/Guardians must contact the Center Directors to request exceptions for this policy based on emergency situations. _____ (initial)

II. CHILD'S FILE

A child's file will be maintained for each child admitted to Girls Inc. The file will include the Admissions Agreement and an enrollment form containing health history and emergency care information. The information in a child's file is confidential and may be reviewed only by the parent/guardian, a representative of Girls Inc. or a representative of Community Care Licensing. _____ (initial)

III. POLICIES

All policies related to Girls Inc.'s Programs are included in the registration packet and parent handbook _____ (initial)

Sign In/Out Policy: Parents/Guardians are required to use a full signature when checking children in or out of the centers. Only authorized people with identification may pick up your child. If an individual is not listed on your authorization form you must give Girls Inc. a signed permission slip stating the person's name and the date of pick up. _____ (initial)

Illness: Girls Inc. is not equipped to care for sick children. If your child is unable to participate in normal activities, you must pick your child up from Girls Inc. No medication will be given to a child without written instructions and signed authorization. All medication must be given to the Center Director. If your child did not attend school that day due to illness, she may not attend Girls Inc. either. _____ (initial)

Failure to Report Absence: If your child will not be attending Girls Inc. you must call our office by 1PM (Kinderfun by 11AM) during the school year. If you fail to call in by the required time you will be charged $5 - $15. _____ (initial)

Late pick up: Girls Inc. closes at 6PM. For each ten minutes or portion thereof that you pick up your child past 6PM. you will be charged $5 -$15. If this is a continuous problem, it may jeopardize your child's spot at Girls Inc. _____ (initial)

Returned Check: Girls Inc. will charge an additional fee of $25.00 for any and all bounced checks. _____ (initial)

Termination/Modification of Agreement: A parent/guardian may terminate the Admission Agreement or modify their child's part time/full time status by giving Girls Inc. one week written notice. Girls Inc. agrees that it will not modify the conditions of this agreement without giving the parent/guardian 30 days written notice. When changes are made the parent/guardian and representative of Girls Inc. will sign the modified agreement. _____ (initial)

Community Care Licensing Authority: Community Care Licensing has authority to interview children or staff, and to inspect and audit child or child care centers records, without prior consent; and to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect or inappropriate placement. _____ (initial)

IV. ACKNOWLEDGEMENT

I, as the parent, guardian or designated representative of (child's name) _____, have received and read information contained in 1) Parent's Rights; 2) Personal Rights; and 3) Admission Agreement, provided by Girls Inc. of Greater Santa Barbara, and agree to abide by the stated policies. I have received and will read the Girls Inc. parent handbook. I also agree that I will attend a Parent Orientation or tour before allowing my child to attend Girls Inc. _____ (initial)

Parent/Guardian (please print): _____

Parent/Guardian Signature: _____ Date: _____

Girls Inc. Representative: _____ Date: _____

girls inc.

Inspiring all girls to be strong, smart, and bold

❑ **Goleta Valley Center**

❑ **Santa Barbara Center**

Girls Inc. Of Greater Santa Barbara
Credit Card Authorization Form/
Autorizacion de Tarjeta de Credito

Name(s) on card/ Nombre(s) en la tarjeta: _____

Child/Children's Name(s)/Nombre(s) de Niña(s): _____

Address/Domicilio: _____

City, State, Zip/Cuidad, Estado, Codigo Postal: _____

Phone/Numero de Telefono: _____

Email/Correo Electronico: _____

Please charge my/Por Favor Cobre mi tarjeta: ❑ Visa ❑ MasterCard

Account #/Numero de Tarjeta: _____

Expiration/Vencimiento: _____ CVC Code: _____

Billing Zip Code for card/Codigo Postal de tarjeta: _____

My **weekly** fee is/La cantidad que pago cada semana es $_____
I would like to charge this fee/Cobreme esta cantidad:

❑ Weekly/Cada Semana
❑ Bi-Monthly/Cada dos Semanas
❑ Monthly/Cada Mes
❑ Quarterly/Cada Tres Messes

- I authorize Girls Inc. to charge my credit card as indicated above. I acknowledge that to revoke this authorization I must provide written notice at least one week prior to my last credit card payment.

- Yo autorizo que Girls Inc. cobre mi tarjeta como he indicado arriba. Reconozco que para revocar esta autorización debo de dar notificación por escrito, a lo menos, una semana antes de que se cobre mi tarjeta.

Signature/Firma: _____ **Date:** _____