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☐ Elementary Programs
☐ Teen Programs

Girls Inc. of Greater Santa Barbara
Registration Form

Today's Date___/___/___

CHILD INFORMATION:

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

Gender: ○ Female ○ Male ○ Other: _____ Primary Language Spoken in Home: _____

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

Home Phone: _____ School:_____ Grade:_____

Race and Ethnicity:
○ Asian American/Pacific Islander
○ Hispanic or Latina
○ Multiracial or more than one race or ethnicity
○ White
○ Black/African American
○ Middle Eastern or North African
○ Native American, Alaska Native or Indigenous
○ Other: _____

Did your child advance to the next grade level in the most recent school year? 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 behavioral, emotional, cognitive, and/or social information that will assist us in ensuring we provide them with the most supportive care possible (for example does your child receive any support services from school):

_____

_____

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

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

HOUSEHOLD:

Household Income: ○ Less Than $10,000 ○ $10,000-$20,000 ○ $20,000-$30,000 ○ $30,000-$50,000 ○ More than $50,000

Is your child eligible for free or reduced price school lunch? ○ YES ○ NO

Household count: _____

Child lives with:
○ Two Parents ○ Mother Only ○ Father Only ○ One parent at a time (joint custody)
○ Grandparent(s) or other relative(s) ○ Foster Parent(s) ○ Other

If Joint custody, please explain: _____

_____

I hereby give permission for my child to become a participant 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: _____

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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: Media Release ❑ **YES** ❑ **No** **Referred By:** _____

2.10.2022

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 TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____ . THIS CARE MAY BE GIVEN UNDER
NAME

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
( )	( )

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Girls Inc. of Greater Santa Barbara
Transportation 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 their participation in Girls Inc. programming.

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.

Girls Inc. may also choose to contract with outside transportation agencies and I give my permission for my child to ride in contracted transportation under the supervision of Girls Inc.

Parent/Guardian Signature: _____ Date: _____

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Girls Inc. of Greater Santa Barbara

Release of Liability & Waiver of Liability

Participant Name (First, Last): _____ Date of Birth (if minor): / /

Please read the following Release / Waiver of Liability and confirm you understand it by signing below.
Assumption of Full Responsibility for all Risks of Bodily Injury, Death, or Damages:
On behalf of myself or as a parent or legal guardian of _____ (child's name), I hereby authorize and consent to my/their participation in the programs offered by Girls Inc. of Greater Santa Barbara ("GIGSB") and I represent that I/they are medically able to participate in those events without risk of harm to themselves or others. I understand that participation in activities at GIGSB, including but not limited to its after-school programs, classes, field trips, sporting events, surfing, cooking, and other athletic events and activities 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, and I voluntarily assume the risk of injury associated with those events. _____ **(initial)**

Girls Inc. of Greater Santa Barbara Gymnastics Only:
I authorize and consent to _____ (participant's name) participating in gymnastics activities held by GIGSB and I represent that I/they are medically able to participate in those activities without risk of harm to myself/themselves or others. I acknowledge that various factors and causes, known and unknown, associated with Gymnastics could cause injuries, which include, but are not limited to, the height and positioning 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, and I voluntarily assume the risk of injury posed by such activities. _____ **(initial)**

Notification: In case of injury, illness, or any situation that could 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 participant, or their parent or guardian before medical attention or other necessary action is taken. If a participant is unable to give consent or if a parent or guardian cannot be located in a timely manner, I understand that the expense of this service will be accepted by me. In the event that such care or medical treatment is deemed by GIGSB to be necessary, I agree to release GIGSB from any liability in connection with such care or medical treatment and to pay all costs associated with such care or medical treatment.
_____ **(initial)**

Waiver of Liability: In consideration for allowing me/my child to participate in activities offered by GIGSB. I, my heirs and assigns, next of kin, and all others acting on my and my child's behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I or my child has or may hereafter have against GIGSB or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless GIGSB 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 or at their direction 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)**

Participant/ Parent or Guardian Signature: _____

Participant/ Parent or Guardian Printed Name: _____

Date: _____

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Girls Inc. of Greater Santa Barbara

Media Consent/Release for Participant

Participant's Name (First, Last): _____ Date of Birth (if minor): / /

Participant: 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 participant within the same family.

I am a participant or the legal parent/guardian of minor participant _____ (Participant). I hereby give unrestricted permission for Participant to be photographed, videotaped, digitally recorded, audio taped, and/or interviewed 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 Participant, 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 may be shared with third parties, and that such materials may be distributed or broadcast to the public and displayed publicly. I also consent to the use of Participant's name, likeness or photograph, voice, or creative works on the internet or on other electronic/digital media or print media.

I hereby grant GIGSB, and its agents the absolute right and permission to use Participant's image/likeness/voice and/or photographic portraits, pictures, digital images, stories, quotes, audio, or video of Participant, 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 Participant's likeness appears, or the use to which it may be applied.

I also understand that my permission to use the photographs, likeness, audio or video is for an unlimited duration. I also agree that no money or other consideration, including expense reimbursement, will be due to Participant, or our heirs, at any time because of Participant's participation in any of the above or the use of Participant's name, likeness, photograph, voice or creative work.

I understand that all negatives, prints, digital reproductions, and videotapes shall be the property of GIGSB and I have no interest therein. I waive all right, title and interest I may have to control or approve the use of any image, likeness, voice audio, or video image or other use of the image or recording now or in the future, whether that use is known to me or unknown, and I waive any rights to royalties or compensation from such use.

For myself or as Participant's parent or legal guardian, I agree to release and hold harmless GIGSB, its members, directors, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that arise out of or by reason of the use of Participant's name, photograph, or likeness, voice, or creative work on television, radio, motion pictures, social media, internet, or any other electronic/digital media or print media, including any re-use distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise.

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.

☐ MINOR CONSENT: I hereby certify that I am the legal parent(s) or guardian(s) of the above-named minor participant and hereby give my consent without reservation to the foregoing on behalf of Participant.

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

Participant/ Parent or Guardian Printed Name: _____

Participant/ Parent or Guardian Signature: _____

Date: _____ Phone: _____

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

(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

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)

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GIRLS INC. OF GREATER SANTA BARBARA

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Girls Inc. of Greater Santa Barbara ("GIGSB") has put in place preventative measures to reduce the spread of COVID-19; however, **GIGSB cannot guarantee that you and/or your child will not become infected with COVID-19**. Further, participation in activities held by or associated with GIGSB could increase your or your child's risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS By signing this agreement, **I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child may be exposed to or infected by COVID-19 by participation in events held by or associated with GIGSB; and that such exposure or infection may result in personal injury, illness, permanent disability, and death**. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, GIGSB's employees, volunteers, and program participants and their families.

____ INITIALS **I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or to my child (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I/they may experience or incur in connection with participation in events held by or associated with GIGSB ("Claims").** On my behalf and/or that of my child, I hereby release, covenant not to sue, discharge, and hold harmless GIGSB, its employees, volunteers, contract workers, agents, and representatives ("Releasees"), of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of GIGSB, its employees, volunteers, contract workers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation held by or associated with GIGSB.

____ INITIALS I represent that I have adequate insurance to cover any injury or illness I and/or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I and/or my child have no medical or physical condition which could interfere with the safe participation in this activity, and I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

____ INITIALS Any legal proceeding that is brought to interpret or enforce the rights and obligations covered by this Agreement will be brought in the State of California, Santa Barbara County, and governed by the laws of the State of California. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

____ INITIALS **I have had sufficient time to read this entire document and have had the opportunity to consult with legal counsel prior to signing.** Also, I understand that this activity might not be made available to me or my child, or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is reasonable. **I have read and understood this document and I agree to be bound by its terms.**

____ INITIALS If I have signed a separate general waiver of liability connected to my participation in events held by or associated with GIGSB, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ INITIALS ***I agree that I and/or my child will comply with all health and safety rules and guidelines imposed by GIGSB or by any state, local or federal governmental entity, and will practice safe social distancing and clean hygiene during my participation at events held by or associated with GIGSB or while on GIGSB premises.***

I am a participant or the legal parent or guardian of the minor participant _____ and I am authorized to enter into this Agreement on my/their behalf. In consideration of being permitted to participate in activities held by or associated with GIGSB, I further agree to indemnify and hold harmless Releasees from any claims which could be brought by me or on behalf of minor participant or are in any way connected with my/their participation.

Participant / Parent or Guardian Signature_____ **Date** _____

Print Name_____

girls inc.

of Greater Santa Barbara

Girls Inc. Teen Programs (7th-12th Grades ONLY)
Waiver and Permission to Walk Home from Girls Inc.

Student Name: _____

Parent/Legal Guardian Name: _____

I understand that it is the general policy of Girls Inc. of Greater Santa Barbara that an authorized person must sign out a registered student. However, a parent/guardian may prefer to give permission to Girls Inc. for their child to walk home/ leave the program without adult supervision.

By my signature below, I hereby give permission for the above named student to walk home after participation in Girls Inc. programming without adult supervision on any school day. With this permission slip, I indicate my consent to assume total responsibility for the above named student.

Waiver of Liability: In consideration for allowing my child to leave Girls Inc. Teen Programs without adult sign out or adult supervision, I, my heirs and assigns, next of kin, and all others acting on my and my child's behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I or my child has or may hereafter have against GIGSB or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless GIGSB or any agent, representative or other acting on their behalf for any injuries suffered as a result. 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.

_____ _____
Parent/ Legal Guardian Signature Date

☐ I **DO NOT** give my permission for the above named student to leave Girls Inc. Teen Programs without adult supervision.

_____ _____
Parent/ Legal Guardian Signature Date

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.

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☐ **Elementary Programs**
☐ **Teen Programs**

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

Please note: We require a credit or debit card on file for all girls and teens. All payments are due monthly in advance of the month of attendance.

Tenga en cuenta: Requerimos una tarjeta de crédito o débito registrada para todas las niñas y adolescentes. Todos los pagos se deben mensualmente, antes del mes de asistencia.

Credit Card/Debit Card Informacion / Información de *Tarjeta de Crédito/Tarjeta de Débito*:

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

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

Account #/*Numero de Tarjeta*: _____

Expiration/*Vencimiento*: _____ CVC Code: _____

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

My weekly fee is/*La cantidad que debe por semana es* $_____
(multiply by weeks in month for total due for month (weeks in month vary) / *multiplique por semanas en el mes para obtener el total que se debe para el mes (las semanas en el mes varían))*

In addition to my weekly fee, I would also like to make a donation to further support Girls Inc. programs in the amount of $_____ per: ○ week ○ month ○ one time

Además de mi tarifa semanal, también me gustaría hacer una donación para apoyar aún más los programas de Girls Inc. en la cantidad de $ _____ por: ○ semana ○ mes ○ una vez

- 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 month prior to my next 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, un mes antes de que se cobre mi tarjeta.*

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