



Inspiring all girls to be
strong, smart, and bold

GIRLS INC.
AFTER-SCHOOL PROGRAM 2024-2025
GENERAL INFORMATION

- After-School Programming for grades TK-6 begins **Wednesday, August 21** at our Goleta Valley Center
- Hours: school dismissal to 5:30 PM (Pick-up time 5:00-5:30PM)
- Families will be responsible for transportation to and from the Girls Inc. center
 - We will provide a walking pick-up from Hollister and El Camino schools
- Fees:
 - Annual Registration Fee- \$25
 - Full Time (3 days or more per week)- \$140/wk
 - Part Time (2 days or less per week)- \$85/wk
- Financial assistance is available.
- Girls Inc. must have a credit or bank card on file for payment.
- Program Details:
 - Fees will be collected on a monthly basis.
 - 30 days' written notice must be provided for a youth to drop the program.
 - Our programs operate in accordance with Community Care Licensing, CDC, and Santa Barbara County Public Health guidelines.
 - Girls Inc. will provide an afternoon snack and youth are asked to bring a refillable water bottle.
 - Youth will participate in a variety of hands-on interactive enrichment activities focused on our monthly themes which represent our core content areas of Strong (healthy), Smart (educated), and Bold (independent).
 - We ask that youth bring their homework with them to Girls Inc. We will have dedicated time to focus on academics and support the youth with their school learning.

Child Name

School

Grade

Parent/Guardian Name

Parent/Guardian Signature

Date

Parent/Guardian Phone Number

Parent/Guardian E-mail Address



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Elementary 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 Non-binary/Other: _____ Language Spoken at Home: _____

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

Home Phone: _____ School: _____ Grade (Fall 2024): _____

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

Ethnicity: Hispanic, Latina, or Latin American NOT Hispanic, Latina, or Latin American

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:

Annual Household Income:

Less than \$10,000	\$25,000-\$29,999	\$50,000-\$59,999
\$10,000-\$14,999	\$30,000-\$34,999	\$60,000-\$69,999
\$15,000-\$19,999	\$35,000-\$39,999	\$70,000-\$79,999
\$20,000-\$24,999	\$40,000-\$49,999	More than \$80,000

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

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

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: _____



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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:

Colds	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sore Throat	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fainting Spells	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Muscle Sprains/Strains	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Bronchitis	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Convulsions/Epilepsy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cramps	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Allergies	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Child Has or Has Had:

Heart Trouble	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Asthma	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Lung Trouble	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Broken Bones	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sinus Trouble	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hernia (Rupture)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Appendicitis	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Surgery of any Kind	<input type="checkbox"/> YES	<input type="checkbox"/> 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
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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: _____

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

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 _____



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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.
- ☐ REFUSAL OF MINOR CONSENT: I hereby certify that I am the legal parent(s) or guardian(s) of the above-named minor participant and hereby DO NOT give my consent 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

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

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 Goleta, CA	ZIP CODE 93117	AREA CODE/TELEPHONE NUMBER (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) Girls Inc. of Greater Santa Barbara	(PRINT THE ADDRESS OF THE FACILITY)
(PRINT THE NAME OF THE CHILD)	

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(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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Girls Inc. of Greater Santa Barbara Admission Agreement

I. FEES

A. AFTER SCHOOL PROGRAM

Grades K-6: The full-time fee is \$140.00 per week. Full-time attendance is three or more days per week. _____ (initial)

The part-time fee is \$85.00 per week. Part-time attendance is one or two days per week. _____ (initial)

During school closures and breaks, fees for full-day programming (when available) will be communicated to you in advance. _____ (initial)

B. ALL PROGRAMS

Registration Fee: A non-refundable annual registration fee of \$25.00 is due at time of registration. _____ (initial)

Financial Assistance: Financial assistance is available to families. Families must provide financial documentation. _____ (initial)

Payment Due Dates and Frequency of Payments: Girls Inc. must have a credit or bank card on file. After School Program fees are due on a monthly basis, in advance of the month of attendance. Credit cards will be charged on the first of the month. Failure to keep your account current will jeopardize your child's enrollment at Girls Inc. and result in collection 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 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: A Girls Inc. staff member will sign your child in each day. A Girls Inc. staff member will also sign your child out each day after they have brought them to your car in the parking lot. 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. Please DO NOT send your child to Girls Inc. if they

are exhibiting any of the COVID-19 symptoms or have a fever. If there is a COVID-19 positive case in the household, or your child was exposed to someone who tested positive for COVID-19, please contact your child's program for further direction. No medication will be given to a child without written instructions and signed authorization. All medication must be given to the Director. _____ (initial)

Reporting an Absence: Please notify the center no later than 11 AM if your child is going to be absent for any reason. _____ (initial)

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

Termination/Modification of Agreement: A parent/guardian may terminate the Admission Agreement or modify their child's enrollment status by giving Girls Inc. 30 days' written notice. Girls Inc. agrees that it will not modify the conditions of this agreement without giving the parent/guardian 30 days' written notice. _____ (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. A parent handbook can be found on the [Girls Inc. of Greater Santa Barbara website](#). _____ (initial)

Parent/Guardian (please print): _____

Parent/Guardian Signature: _____

Date: _____

Girls Inc. Representative: _____ Date: _____



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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.

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

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

Name of card holder / Nombre del titular en la tarjeta: _____

Account # / Número de Cuenta: _____

Expiration/Vencimiento: _____ CVC Code / Código CVC: _____

Billing Zip Code for card/Código 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 (circle one)

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 (rodee uno)

- 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:** _____