



Girls Incorporated of St. Louis
Membership Registration Form

Today's date: _____ Original Birth Certificate and Immunization required

MEMBER INFORMATION: NEW / RETURNING (CIRCLE ONE)

Girl's name: _____ Primary Phone : _____

Age: _____ Birthdate: Month: _____ Day: _____ Year: _____

Home address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade: _____

Participants Email Address: _____ Participants Cell Phone: _____

Special medical conditions, illness, diseases or allergies:

☐ YES ☐ NO If yes, please explain (include list of medications currently being taken and or taken on a regular basis and whether an inhaler is used):

PARENT/ GUARDIAN INFORMATION:

I am her Parent/ Guardian (please circle one): **MOTHER / FATHER / FOSTER PARENT / GUARDIAN / OTHER**

My Name: _____ Total number living household: _____

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

Place of employment: _____ Work Phone: _____ Ext: _____

Work Address: _____ Work Hours: _____

E-Mail Address: _____ Home Phone: _____

Signature: _____ Cell Phone: _____

I am her Parent/ Guardian (please circle one): **MOTHER / FATHER / FOSTER PARENT / GUARDIAN / OTHER**

My Name: _____ Total number living household: _____

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

Place of employment: _____ Work Phone: _____ Ext: _____

Work Address: _____ Work Hours: _____

E-Mail Address: _____ Home Phone: _____

Signature: _____ Cell Phone: _____



Girls Incorporated of St. Louis
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IN CASE OF EMERGENCY*:

Name: _____ Phone: _____ Relationship: _____
Home address: _____ City: _____ Zip: _____
Physician Number: _____ Hospital Number: _____

** use the back of this sheet to list additional individuals for Emergency Contacts*

THESE PEOPLE HAVE PERMISSION TO PICK UP MY DAUGHTER * (MUST BE 18 OR OLDER):

NAME: _____ PHONE: _____ RELATIONSHIP: _____
Home address: _____ City: _____ State: _____ Zip: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____
Home address: _____ City: _____ State: _____ Zip: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____
Home address: _____ City: _____ State: _____ Zip: _____

FOR OFFICE USE ONLY:

** use the back of this sheet to list additional individuals for Permission to Pick up.*

Birth Cert

Shot rec

Age

transport

Eval?

media

medical

asthma

Names

General
field trip



Girls Incorporated of St. Louis
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IN CASE OF EMERGENCY: (Additional)

NAME: _____ PHONE: _____ RELATIONSHIP: _____
Home address: _____ City: _____ State: _____ Zip: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____
Home address: _____ City: _____ State: _____ Zip: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____
Home address: _____ City: _____ State: _____ Zip: _____

THESE PEOPLE HAVE PERMISSION TO PICK UP MY DAUGHTER * (MUST BE 18 OR OLDER): (Additional)

NAME: _____ PHONE: _____ RELATIONSHIP: _____
Home address: _____ City: _____ State: _____ Zip: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____
Home address: _____ City: _____ State: _____ Zip: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____
Home address: _____ City: _____ State: _____ Zip: _____

FOR OFFICE USE ONLY:

☐ Paid in Full _____ ☐ Payment Plan _____

☐ Scholarship _____

☐ Title XX _____

☐ OTHER _____



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Weather/ Emergency Cancellation Procedure

The Information on this page will be shared with your child's school.

Name of Girl

Date of Birth

Age

Name of School

Grade

In cases of extreme weather conditions or other emergencies, Girls Inc. may deem it necessary to close early or not provide transportation to or from our sites. Girls Inc. follows the Normandy School District guidelines; if they are closed due to extreme weather, Girls Inc. will be closed.

If Girls Inc. deems it necessary to close after the school day has begun, Girls Inc. will call the schools to inform the office. **Be sure your girl(s) know what to do in this situation.**

IMPORTANT: This information is required.

Please be specific and list more than one option:

If Girls Inc. calls the school to inform my girl(s) that Girls Inc. is closed, my girl(s) knows she should:

Parent/Guardian

Name: _____

Day Phone: _____

Evening Phone: _____

Parent/Guardian

Name: _____

Day Phone: _____

Evening Phone: _____

Other Emergency Contacts:

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

There may be other times when Girls Inc. must close even though schools are open. These situations may include but are not limited to : a burst pipe, no heat, no electricity in the building, etc. In this event, the weather/ emergency protocol listed above will be in effect.



Girls Incorporated of St. Louis
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Parent/Guardian Permission For Copies of School Records

Name of Girl

Date of Birth

Age

Name of School

Grade

School Phone Number

A. PERMANENT STUDENT RECORDS

When Girl's Inc. has access to grades and other school information, we are better able to help your daughter success in school. We may also be able to help her access special opportunities or scholarships.

☐

Yes, I

Parent/Guardian Signature

consent to Girls Inc. using my child's official permanent records (parent's name, student's name, birthdates, grade level, academic level of achievement, test scores— standardized achievement and aptitude tests, attendance data, etc.

Or

☐

No, I

Parent/Guardian Signature

Do not consent to Girls Inc. using my child's official permanent records.

B. IMMUNIZATION RECORDS CONSENT

** Immunization records need to be on file upon the child's first day or enrollment/ attendance.**

** Consent to obtain immunization records is required for Girls Inc. membership.**

Yes, ☐ I

Parent/Guardian Signature

Give my consent for Girls Inc. to obtain my child's immunization records from her school.

Or

No, ☐ I

Parent/Guardian Signature

Do not give consent for Girls Inc. to obtain my child's immunization records from her school. Instead, I will provide a copy for Girls Inc.'s files.

Date Records Provided to Girls Inc. / Staff Initials

** The Information on this page will be shared with your child's school.*



Girls Incorporated of St. Louis Membership Registration Form

Please Check All Boxes That Apply:

- My Child:
- ☐ Wears contact lenses or glasses
 - ☐ Is colorblind
 - ☐ Knows how to swim

The following information is confidential and used only for statistical purposes.

- Race:
- ☐ American Indian/Native American
 - ☐ Black/ African American
 - ☐ Hispanic/Latino
 - ☐ White/European Descent
 - ☐ African
 - ☐ Multiracial
 - ☐ Other: _____
- My child lives with:
- ☐ 2 Parents
 - ☐ Mother Only
 - ☐ Father Only
 - ☐ Foster Parents
 - ☐ 1 Parent at Time (Joint Custody)
 - ☐ Other: _____

- Income:
- ☐ Under \$10,000
 - ☐ \$10,000—\$15,000
 - ☐ \$15,000—\$20,000
 - ☐ \$20,000—\$25,000
 - ☐ \$25,000—\$30,000
 - ☐ \$30,000—\$35,000
 - ☐ \$35,000—\$40,000
 - ☐ \$40,000—\$50,000
 - ☐ \$50,000—\$60,000
 - ☐ \$Over \$60,000

Does parent/guardian live in public housing or receive Section 8 benefits: ☐ No ☐ Yes

Number of people in household: _____

Do you have an immediate family member serving in the military: ☐ No ☐ Yes

Main Language Spoken At Home : ☐ English ☐ Spanish ☐ Other _____

Parent/Guardian Permission For Copies of School Records

Girls Inc. of St. Louis has (and celebrates!) a very diverse group of members. If there any cultural or religious beliefs that may impact your daughter's diet, activity participation or choices at Girls Inc., please let us know so we can provide alternates (or let you know if we are unable to do so.):

Emergency Medical Treatment

A. General

In the event emergency medical aid or treatment is required for my child due to illness or injury during Girls Inc. activities , I authorize Girls Inc. to :

1. Secure and retain medical treatment and transportation if needed
2. Release my child's records upon request to the authorized individual or agency involved in the medical emergency treatment.
3. Implement emergency response to life-threatening asthma or systemic allergic reactions as described in section B.

The authorization includes, but is not limited to x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician.

☐ Yes, I _____ Give my consent for emergency medical aid as described above.

Parent/Guardian Signature

Hospital

Doctor

Doctor's Phone Number

B. Treatment of Systemic Allergic Reaction or Asthma

☐ Yes, this girl is at risk of an asthma attack. Parents are required to submit an Asthma Action Plan (the plan submitted for schools is acceptable). Talk to the Center Director if you have any questions or need more information.

☐ Yes, this girl is at risk for an allergic reaction such as: (mark any reactions she has had in the past)

☐ Hives ☐ Swelling ☐ Asthma Attack
☐ Anaphylaxis Other: _____

She has a history of an allergic reaction to

Foods: (mark any that apply)

☐ Peanut ☐ Nut ☐ Egg ☐ Soy ☐ Wheat
☐ Fruits ☐ Milk ☐ Other: _____

And /Or: (mark any that apply)

☐ Animals ☐ Insect stings ☐ Outdoors ☐ Other: _____



Girls Incorporated of St. Louis

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Parent/Guardian Consent For Copies of IEP

When Girls Inc. has access to IEP (Individual Education Plan) records, we are better able to help your daughter succeed in school and other educational programming. This information allows us to apply for scholarship and grant opportunities. The SSD Student Information Release Form is attached.

I _____ I consent to Girls Inc. using my child's IEP records for scholarship and grant opportunities.
or **Parent/Guardian Signature**

I _____ I do not consent to Girls Inc. using my child's IEP records .
Parent/Guardian Signature

Parent/Guardian Consent

A. Release & Agreement

My Child is joining Girls Inc. with my consent. I hereby release Girls Inc., its Board of Directors, agents, contractors, and employees from any and all claims, causes of action, liability, suits, or demands for compensation for injuries or property damage resulting from a) my child taking part in and/or assisting with any Girls Inc. activities, or b) designated Girls Inc. personnel administering emergency medical treatment as authorized in Section A and B above.

☐ Yes, I _____ have read and understand the Release & Agreement information.
Parent/Guardian Signature

B. Transportation Consent

Girls Inc. provides transportation from area schools to the Center and or/for field trips.

☐ Yes, I _____ consent to my child riding on Girls Inc. transportation.
Parent/Guardian Signature

C. Evaluation Consent

I give permission for my daughter to participate in evaluation activities at Girls Inc. These activities may include taking surveys, testing for skill development and /or knowledge, discussion groups, recorded observations of classroom participation, and other formal activities designed to evaluate the effectiveness of the Girls Inc. experience.

☐ Yes, I _____ consent to my child participating in evaluation activities.
Or **Parent/Guardian Signature**

☐ No, I _____ do not consent to my child participating in evaluation activities.
Parent/Guardian Signature



Girls Incorporated of St. Louis
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D. Media/ Name Consent

☐ Yes, I _____
Parent/Guardian Signature

Consent to Girl's Inc. utilizing photograph's/video of my child and or her name in promotional materials (website, articles in paper or magazines, Facebook, You Tube, etc.).

Or

☐ No, I _____
Parent/Guardian Signature

Do not consent to Girls Inc. utilizing photograph's/video of my child and or her name in promotional materials.

E. Participation in Girls Inc. Programs

I understand that in order to preserve the programming hour during the school year, Girls Inc. will not regularly page girls to the front desk for pick up between 4:45pm and 5:45pm. I will make prior arrangement by telephone or written note in order to pick her up during the program hour.

☐ Yes, I _____
Parent/Guardian Signature

have read and understand the participation in Girls Inc. Programs information in the Membership Handbook.

F. Participation in Field Trips

From time to time, Girls Inc. receives last minute tickets or admissions to local museums or events and we would like to take every advantage of these great opportunities. If you sign below, you give permission for your daughter to attend these field trips without specific permission slip on a given day if your daughter should not attend an unscheduled field trip due to a doctor's appointment or other conflict, it will be your responsibility to call us and let us know. Girl's Inc. will notify prior to the field trip within 24 hours via email or by phone.

☐ Yes, I _____
or *Parent/Guardian Signature*

give my consent for my daughter to participate in last minute field trips and activities.

☐ No, I _____
Parent/Guardian Signature

do not consent for my daughter to participate in last minute field trips and activities.

G. Rules & Regulations For Members:

☐ Yes, I _____
Parent/Guardian Signature

Agree that Girls Inc.'s rules for members are important. I will review the membership Handbook's basic rules for the Center, Transportation, the Computer Labs, and the Science Lab with my child.



Girls Incorporated of St. Louis
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H. Admission Policies and Procedures:

- A. A personal interview with the parents/guardian and child to exchange information and arrive at a mutual decision about admitting your child.
- B. A plan for continuing communication between Girls Inc. and the parents/guardian.
- C. Understand and agree that the child may not be accepted for care when ill.
- D. Discussion of the parental plan for providing for the care of the child on scheduled days of school closings.
- E. Completion by parents/guardian of the following written information, which shall be on file before the child is accepted for care:

- 1. All information required by Records and Reports
- 2. Information regarding a child's personal development, behavior patterns, habits and individual needs.
- 3. A diet plan for each child signed by parent.
- 4. Instructions for action to be taken if the parents/guardian or physician designated by the parents/guardian cannot be reached in an emergency and permission for emergency medical care.
- 5. Information indicating that the child has completed age-appropriate immunization, is in the process of completing Immunizations or is exempt from immunization requirements.
- 6. Permission for field trips, transportation to and from school and other transportation.
- 7. Permission for child to leave facility to participate in classes, clubs or other activities, naming the activity, time leaving and returning and the method of transportation to and from the activity.

F. Have been informed that the Licensing Rules for Group Day Care Homes and Child Day Care Centers in Missouri are available in the facility for their review.

Yes ☐ I, _____ Agree, understand, and received the admission policies and procedures that are defined by Girls Inc.
Parent/Guardian Signature

No ☐ I, _____ Do not agree with the admission policies and procedures that are defined by Girls Inc.
Parent/Guardian Signature



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

IDENTIFYING INFORMATION	
CHILD'S NAME	BIRTHDATE
HEALTH STATEMENT (CHECK ONE)	
<div style="margin-bottom: 10px;"><input type="checkbox"/> My child is in good health, is able to participate in group care, has no special health or medical requirements.</div> <div><input type="checkbox"/> My child is able to participate in group care but has special health or medical requirements as listed below.</div>	
SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS	
<small>PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.</small>	
PARENT OR LEGAL GUARDIAN SIGNATURE	DATE

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

REPORT OF ACCIDENT, INJURY AND/OR EMERGENCY MEDICAL CARE

FACILITY		DATE	TIME
CHILD'S NAME			
STAFF MEMBER RESPONSIBLE FOR CHILD AT TIME OF INCIDENT		PERSON IN CHARGE OF FACILITY AT TIME OF INCIDENT	
OTHER STAFF MEMBERS WHO OBSERVED INCIDENT			
DESCRIPTION OF INCIDENT (WHO, WHAT, WHERE, WHEN, HOW, MARKS, BRUISES, ETC.)			
DESCRIPTION OF ACTION TAKEN			
NOTICE TO PARENT			
METHOD	TIME	STAFF MEMBER	
WRITTEN REPORT DISCUSSED/GIVEN TO PARENT		(CIRCLE ONE)	YES NO
STAFF SIGNATURE			DATE
SUPERVISOR SIGNATURE			DATE
PARENT SIGNATURE ACKNOWLEDGING RECEIPT OF WRITTEN REPORT			DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
MEDICATION AUTHORIZATION

MEDICATION REQUIREMENT

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.

I AUTHORIZE CHILD CARE PERSONNEL TO ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD:

(PROPER NAME OF MEDICATION)

CHILD'S FULL NAME	DATE MEDICATION TAKEN FROM	UNTIL
DOSAGE	TIME(S) OF DAY	

POSSIBLE SIDE EFFECTS

SIGNATURE OF PARENT(S) OR GUARDIAN	DATE
------------------------------------	------

RECORD OF ADMINISTRATION

[illegible]



Girls Incorporated of St. Louis
Membership Registration Form



Proud member of

United Way
of Greater St. Louis



Member's Age _____

Member's Name

Today's Date

(Check all that apply)

- ☐ My daughter is a current member (2015 - 2016 Membership has been paid) **OR**
- ☐ **\$50** My daughter wishes to join or is returning member who needs to pay annual membership for 2015 — 2016.

I understand and acknowledge that all fees must be paid in full, and that all fees are **non-refundable and non-transferable**. I understand that a fee of \$25 will be assessed on ***any*** returned checks.

Signature of adult assuming financial responsibility

Relationship to Member

Date