

## Welcome to Girls Inc. at the YWCA After School Program

Dear Parents/Guardians,

Thank you for choosing Girls Inc. at the YWCA After School Program! This program is where girls will experience building character and sisterhood through a sister to sister round table, growing up curricula, help with homework, mentoring programs, Girls Inc. curricula, community projects and much more.

- When:** Monday -Friday (**Starting September 16, 2019**)
- Time:** 3:30pm – 5:30pm
- Where:** Girls Inc. at the YWCA of Syracuse & Onondaga Co. Inc.  
401 Douglas Street  
Syracuse, NY 13203
- Ages:** 5yrs-18yrs
- Cost:** Free
- Included:** Dinner provided

**\*\* Please be advised that the Girls Inc. at the YWCA After School Program will operate according to the Syracuse City School calendar. \*\***

**\*\* There will be NO PROGRAM held on Syracuse City Schools 1/2 days, Superintendent Conference Days, Snow Days or emergency early dismissals \*\***

## Enrollment Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Last Grade completed: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School attending in the fall: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Parent/Legal Guardian Information (Emergency Contact)

**A).** Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**B).** Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Does) your daughter have any health/ behavioral or special needs we should know about?  
(i.e. ADD, allergies, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Pick-Up Permission Form

**Important:** The Girls Inc. at the YWCA After School Program must have WRITTEN permission, from a child's parent/guardian, indicating specific individuals who will be allowed to pick-up their child. Verbal permission, given over the phone, IS NOT legally acceptable.

\*\*I understand that if a child is not picked up by 5:30 pm, the Director or designated personnel will call the parent and/or persons designated for emergency pick-up on the Pick-up Authorization Form.

\*\*If your child is not picked up by 6:00 pm and staff has not been able to reach the parent/guardian or authorized persons; Girls Inc. at the YWCA will be obligated to notify the local authorities.

\*\* I understand that my child(ren) will need to signed out on the provided forms at the end each program day by myself or by designated individuals listed below\*\*

We will not allow your child to leave the program with anyone other than the people listed below.

**\*\*IMPORTANT NOTE\*\*** Both parents/guardians have the right to pick-up their child unless court documents are provided to the YWCA and on file.

If you would like to add or delete from the form at any time, additions must be in writing before a new person is allowed to pick-up your child. (No child will be released to anyone who seems to be "under the influence" of drugs or alcohol.)

**\*\* We require at least THREE people, 18 or over, and current phone numbers. \*\***

I give my permission to Girls Inc. at the YWCA After School Program to release to the following people only:

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

**Family Profile**

To continue Girls Programming we must report the following information to our funders.

Last four digits of your child's Social Security # \_\_\_\_\_ & Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Last four digits of your child's Social Security # \_\_\_\_\_ & Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Please be sure to complete this page to; we **MUST** report to our funders to continue offering quality programming.

**Family/Household Profile:**

# of Adults \_\_\_\_

Relationships to Children:

\_\_\_ Mother \_\_\_ Step-Mother \_\_\_ Foster-Mother \_\_\_ Father \_\_\_ Step-Father \_\_\_ Foster-Father \_\_\_ Grandmother  
\_\_\_ Grandfather \_\_\_ Legal Guardian \_\_\_ Parent's-Live In Partner Other: \_\_\_\_\_

Total Number of Children: \_\_\_\_\_ Of these, how many live full time in the household? \_\_\_\_\_

**Combined Family/Household Income:** \_\_\_\_\_ Under \$10,000 \_\_\_\_\_ \$10K-\$15,000 \_\_\_\_\_ \$15K-\$20,000  
(Include all support in total) \_\_\_\_\_ \$20K - \$30,000 \_\_\_\_\_ \$30K to \$40,000 \_\_\_\_\_ \$40K to \$50,000  
\_\_\_\_\_ Over \$50K

**Household Zip Code:** \_\_\_\_\_

**Support:** \_\_\_ Family Asst. \_\_\_ Temp. Asst. \_\_\_ CAP \_\_\_ SSI \_\_\_ Jobs Plus \_\_\_ Child Support  
\_\_\_ No Additional Support

**Girls Profile:**

Have you attended any other Girls Inc. Programs?

\_\_\_ Afterschool Program/Location \_\_\_\_\_ \_\_\_ Style Engineers \_\_\_ Camp Discovery \_\_\_ EYH

\_\_\_ Girls Summit \_\_\_ Girl On the Move (Summer) \_\_\_ Girl on the Move (Spring Break) \_\_\_ DREAMBuildHer

\_\_\_ This Girl Can \_\_\_ Creating the Future \_\_\_ Made w/ Code \_\_\_ Youth Empower \_\_\_ Buds & Books

\_\_\_ Other: \_\_\_\_\_

	DOB: M/D/Y	M/F	Hispani c	Non- Hispani c	Asian -Am	African -Am	Black	Native Am	White	Multi- Racial	Other Race: Please Name
1											
2											
3											
4											

Pick One Column

Is English a second language for any of the children? \_\_\_ No \_\_\_ Yes

What is that language? \_\_\_\_\_

## Child Health History

**I will disclose any medication and amount given to my child before her arrival at the program. I will disclose information on any special needs or behavioral issues my child may have at registration time and complete an Individual Health Care Plan. \_\_\_\_\_ Initial**

Childs Name (first, middle initial, last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**Health History:** (Check all that apply and items checked require further paperwork from a Medical Provider)

- ADD/ADHD                       Epilepsy/Convulsions                       Asthma  
 Hearing                               Bleeding/clotting disorders                       Heart defect/disease  
 Diabetes                               Nervous system                      Wears:  Contacts  Glasses

**Allergies: All known (other than seasonal) allergies require a written statement from a medical provider that an Epi-pen is not required.**

- Animals \_\_\_\_\_                       Bee/wasp stings \_\_\_\_\_                       Needs Epi-Pen?  
 Plants \_\_\_\_\_                       Drugs \_\_\_\_\_  
 Foods \_\_\_\_\_                       Other \_\_\_\_\_

Are there any **special needs** or accommodations required? **(If yes, parent/guardian must meet with director prior to child starting)**

Are there any known behavioral and/or emotional problems? If yes, explain \_\_\_\_\_

\_\_\_\_\_

Ever required any psychiatric counseling or hospitalization? If yes, explain \_\_\_\_\_

\_\_\_\_\_

Surgery or serious injuries in the past year \_\_\_\_\_

Disability, chronic or recurring illness \_\_\_\_\_

Dietary modifications necessary? (With a Physicians signed recommendation.) \_\_\_\_\_

**Permission to Administer Topical Over-The-Counter Medications**

If your child must use a specific brand of any of the products listed, please provide the product and list next to the category. If any brand is acceptable just check 'yes' or 'no' beside the product.

Sunscreen \_\_\_\_\_ Yes \_\_\_\_\_ No                      Insect Repellent    \_\_\_\_\_ Yes \_\_\_\_\_ No

I, \_\_\_\_\_ give permission to my child care provider to apply topical over-the-counter medications to my child, \_\_\_\_\_. I understand that the stocked brand may be used unless I have indicated and provided a specific brand above. This permission will be in effect from \_\_\_\_\_ to \_\_\_\_\_.

**CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A CHILD  
FOR NON-PROFIT USE**  
(e.g. educational, public service, or health awareness purposes)

Child's Name: \_\_\_\_\_

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of the child named above by the Girls Inc. at the YWCA After School Program.

I also grant to the Girls Inc. at the YWCA After School Program the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the Girls Inc. at the YWCA After School Program and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Girls Inc. at the YWCA After School Program Consent Form

(Please **Initial** Next To **Yes** Or **No**)

In the event I cannot be reached, I hereby give permission to Girls Inc. at the YWCA staff to contact the physician indicated to secure emergency medical treatment of my child.

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

I consent to the inclusion of my child in local field trips and neighborhood outings under the supervision of program staff. My child may be walked with supervision or transported via bus or agency vehicle.

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

### **Please Initial Your Understanding And Agreement Of The Following:**

I understand the after school policies including but not limited to: child pick up policy, hours of operation.

\_\_\_\_\_ **Initial**

In the event I cannot be reached, I hereby authorize the agency administrative staff to act for me according to her/his best judgment in any emergency. \_\_\_\_\_ **Initial**

My child has permission to engage in all prescribed activities except as indicated in the Child Health History with a Doctor's written note on individual Health Care Plan. \_\_\_\_\_ **Initial**

I understand that **both parents/guardians have the right to pick-up their child(ren)** (even if they are not on the pick-up form) unless court documents expressing custody arrangements are provided and on file at the Girls Inc. at the YWCA. \_\_\_\_\_ **Initial**

I understand that my child **cannot be picked up by someone under 18 or NOT listed on the pick-up permission** form. (No child will be released to anyone who seems to be "under the influence" of drugs or alcohol.) \_\_\_\_\_ **Initial**

***Girls Inc. at the YWCA After School Program reserves the right to withdraw or suspend service if it is in the best interest of the child or the program.*** \_\_\_\_\_ **Initial**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date



**STRONG, SMART & BOLD OUTCOMES SURVEY CONSENT FORM**  
Youth, ages 9-12



As part of a larger initiative, Girls Inc. of YWCA of Syracuse & Onondaga Co. Inc. is taking part in the **Strong, Smart & Bold Outcomes Survey**. The survey will take place in Girls Inc. organizations across the United States and Canada, and asks girls questions about topics such as nutrition and physical activity, school engagement and grades, leadership and relationship skills, risky behaviors like alcohol, tobacco, and drug use, and her experience at Girls Inc.

The survey takes 20-30 minutes to complete.

The survey has been designed to be taken on-line, and will cause little or no risk to your daughter. The only potential risk is that some girls may find certain questions sensitive, like questions about cigarettes, alcohol or drugs. Girls will not put their names on the survey, and no one at Girls Inc. of YWCA of Syracuse & Onondaga Co. Inc. will see girls' individual answers. A code will be used instead of girls' names. Your daughter's survey answers will be added to those from other girls' surveys so that we can better understand what Girls Inc. is like for her and for other girls across the U.S. and Canada. Further, no individual girl or organization will ever be mentioned by name in a report of the results. All information from the survey is being used to assess the wellbeing of Girls Inc. members and will be kept completely confidential. Girls Inc. and its evaluators, the Department of Health and Human Services, and Advarra IRB may have access to the survey data, but never in a way that can identify your daughter.

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

We would like all selected girls to take part in the survey, but the survey is completely voluntary, and no one is required to participate. Girls may answer some, none, or all of the questions. Girls may also stop taking the survey at any point. There will be no loss of benefits to you or your daughter if you/she decide not to take part or to stop taking the survey.

Your daughter will not be paid for taking part in the survey, and there is no cost to you.

For more information, you may contact Heather Whalen at 315-424-0040

If you would like to see the survey, a review copy is available at \_\_\_\_\_

Please complete the section below and return it by 10/8/2018

If you have additional questions or concerns about the survey, please contact Dr. Cristin Rollins, National Director of Research & Evaluation at Girls Inc., at [crollins@girlsinc.org](mailto:crollins@girlsinc.org) or [317] 634-7546 X130.

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

Girl's Name: \_\_\_\_\_ Girl's Age: \_\_\_\_\_

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

PLEASE CHECK ONE OF THE BELOW:

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

Parent/Guardian name: \_\_\_\_\_ PRINT Parent/Guardian signature: \_\_\_\_\_ SIGN

Date: \_\_\_\_\_