

### Winter break 2019 Registration Form

Parent/ Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City| State | Zip \_\_\_\_\_ Phone \_\_\_\_\_

Daughter Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Yes, there will there be more than one child attending!

Daughter Name \_\_\_\_\_ Daughter Name \_\_\_\_\_

Age \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

- In case of illness or emergency, I understand that every effort will be made to contact emergency contact listed below.
- If no contact can be made, I hereby give authorization to the above stated organizations to seek medical treatment and if needed arrange for transportation.
- My daughter/dependent may participate in photographs, video tapes and/or audio recordings for Girls Inc at YWCA Syracuse & Onondaga County. I understand that such items shall be the property of the aforementioned programs.
- I understand that a healthy snack will be provided. If my child has food allergies or specific needs, I am responsible for providing an appropriate snack.

### I understand and give my permission for all of the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please describe any special needs you or your daughter may have such as physical limitations, food allergies, medical or health problems that we may be able to accommodate.

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### Emergency Contact Information: (Please list at least two adults 18 years or older other than yourself.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_ Can pick up? Y / N

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_ Can pick up? Y / N

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_ Can pick up? Y / N

## SPACE IS LIMITED!

February 18-22, 2019  
Season Fee: \$25.00

Mail this form to: Girls Inc. at the YWCA of Syracuse and Onondaga County  
c/o Heather Whalen  
401 Douglas Street Syracuse, NY 13203

Email this form to: [hwhalen@ywca-syracuse.org](mailto:hwhalen@ywca-syracuse.org) Subject: *Winter break 2019*

Fax this form to: (315)-424-1249 Attn: Heather Whalen

girls  
inc.

at the YWCA  
of Syracuse &  
Onondaga County Inc.

eliminating racism  
empowering women  
ywca  
syracuse & onondaga co.



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

**Family/Household Profile:**

Total Number 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 - \$25,000 \_\_\_\_\_ \$25K to \$35,000 \_\_\_\_\_ \$35K to \$50,000  
\_\_\_\_\_ Over \$50K

**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**

\_\_\_ Afterschool Program/Location \_\_\_\_\_ \_\_\_ This Girl Can \_\_\_ Girls Inc @ Zonta  
\_\_\_ VOICES \_\_\_ Just Be \_\_\_ Creating the Future

**Winter | Spring | Summer Breaks**

\_\_\_ Camp Discovery \_\_\_ DREAMBuildHer \_\_\_ Camp Capstone \_\_\_ Style Engineers  
\_\_\_ Girl On the Move (Summer) \_\_\_ Girl on the Move (Spring) \_\_\_ Buds & Books  
\_\_\_ Winter Break Art Camp

**Events**

\_\_\_ Expanding Your Horizons (EYH) \_\_\_ Made w/ Code \_\_\_ Youth Empower \_\_\_ Girls Summit  
\_\_\_ Mother+Daughter Workshop \_\_\_ Hoops & Dreams \_\_\_ Style Lottery

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

I would like to learn more about Girls Inc. at the YWCA upcoming events and programs.

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

**Race Part A: Pick One Column Race Part B: Also Check one or answer "Other Race: Please Name"**

	DOB: M/D/Y	Race Part A			Race Part B						Known Disability
		Hispanic	Non-Hispanic	Asian-Am	African-Am	Black	Native-Am	White	Multi-Racial	Other Race: Please Name	
1											
2											
3											
4											
5											

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

If yes, what is primary language? \_\_\_\_\_



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



As part of a larger initiative, Girls Inc. of [YWCA of Syracuse and Onondaga County](#) 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 and Onondaga County](#) 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](tel:315-424-0040)

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

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Please complete the section below and return it by [Click here to enter a date](#).

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

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