



### Expanding Your Horizons (EYH) 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.

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

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

## SPACE IS LIMITED!

#### Program Fee: \$5.00

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

Email this form to: [aeverson@ywca-syracuse.org](mailto:aeverson@ywca-syracuse.org) Subject: Expanding Your Horizons

Fax this form to: (315)-424-1249 Attn: Aja Everson



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? \_\_\_\_\_