

This Girl Can 2018 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 _____ Can pick up Y / N

Name: _____ Phone: _____ Relationship _____ Can pick up Y / N

Name: _____ Phone: _____ Relationship _____ Can pick up Y / N

SPACE IS LIMITED!

**First come, first serve!
No Program Fee.**

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 Subject: *This Girl Can*

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



at the YWCA
of Syracuse &
Onondaga County Inc.



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](#)

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

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 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 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: _____