

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:** Tuesday October 9, 2018
- Time:** 3:00pm – 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 YWCA After School Program will operate according to the Syracuse City School calendar. ****

**** There will be NO PROGRAM held on 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: _____

Employer: _____ Work Phone: _____

SS#: _____ Email: _____

B). Name: _____ Relationship to child: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

SS#: _____ Email: _____

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.

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 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 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: _____