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:

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<th>Name</th>
<th>Phone Number</th>
<th>Relationship</th>
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Parent/Legal Guardian ___________________________ Date __________________

Agency Representative ___________________________ Date __________________

(Signature)
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: ____________________

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<th>Non-Hispanic</th>
<th>Asian-Am</th>
<th>African-Am</th>
<th>Black</th>
<th>Native American</th>
<th>White</th>
<th>Multi-Racial</th>
<th>Other Race: Please Name</th>
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**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 named 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: ________________

Cristin Rollins, Ph.D.  Advarra IRB Approved Version 13 Jul 2018