



Girls Incorporated of Upper Canada Program Registration

Name: _____ Date of Birth: (DD/MM/YYYY) _____

School: _____ Grade: _____

Information you would like us to know: (special needs, allergies, custody arrangements, concerns)

Address: _____

City: _____ Postal Code: _____

Parent / Guardian: _____ Relationship: _____

Phone: Home _____ Work/Cell _____ E-mail: _____

Authorized to Pick-up? Y/ N Emergency Contact? Y/ N Primary Contact? Y/ N

Parent / Guardian: _____ Relationship: _____

Phone: Home _____ Work/Cell _____ E-mail: _____

Authorized to Pick-up? Y/ N Emergency Contact? Y/ N Primary Contact? Y/ N

Emergency Contact Information

We must be able to contact you in the event of a question, concern, pick-up issue, illness or other matter that requires immediate assistance. Parent(s) will always be contacted first.

Please indicate emergency contacts in order of preference and if they are authorized to pick-up.

Name: _____ Relationship: _____

Phone: Home _____ Work/Cell _____ Authorized to Pick-up Y N

Name: _____ Relationship: _____

Phone: Home _____ Work/Cell _____ Authorized to Pick-up? Y N

Statistical Information

Household Type

- Father Only
- Foster Parent
- Grandparent/
Other Relative
- Mother Only
- One Parent at a time
(Joint Custody)
- Other _____
- Two Parent

Racial/Ethnic

Configuration

- Aboriginal
- Arab
- Asian
- Black
- Hispanic
- Multi-Racial
- Other _____
- White

Family Income

- Less than \$10,000
- \$10,000 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$50,000
- Greater than \$50,000

Language in Home

- English
- French
- Spanish
- Other _____

I give permission for my child to participate in Girls Incorporated discussions, activities, and periodic evaluations. In case of medical or surgical emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby authorize and give consent to Girls Incorporated of Upper Canada and its employees, agents, and contractors to obtain medical assistance including first aid, proper treatment, transport and hospitalization if required. Girls Incorporated of Upper Canada does not provide any accidental death, disability, dismemberment, or medical expenses insurance on behalf of participants. I understand that the staff of Girls Inc. reserves the right to suspend or refuse service, if, in their sole opinion, the behavior of a participant puts her safety, or the safety and well-being of others, at risk.

Personal information gathered by Girls Inc. is kept in confidence. Information is not disclosed or shared more widely than is necessary to achieve the purpose for which it was gathered. We collect, use and disclose personal information only for statistical purposes.

Photo Release

I give permission and legal right to Girls Incorporated of Upper Canada for the use and ownership of any photographs, written or audiovisual material of the child for publicity and promotional purposes including but not limited to newsletters, brochures, annual reports, websites, radio, television, and newspapers.

I have read and agree with all of the above:

Signature of Legal Guardian

Date