

REGISTRATION FORM

Leadership Academy for Boys

Sponsored by
Girls Incorporated of the Greater Peninsula
5501 Huntington Ave. Newport News, VA 23607
Phone: 757-244-0716 Fax: 757-244-0717 Email: info@girlsinc@gmail.com

Website: www.girlsincofgreaterpen.com

Select a site location:

Leadership Academy for Boys @ Huntington, 5501 Huntington Ave., Newport News, Virginia 23607

Leadership Academy for Boys @ Central, 225 Chapel Street, Hampton, VA 23669

(Tel) 757-727-6945 (Fax) 757-727-6946

Select a program(s):

Summer Camp Program

After-School Program

Before-School Program

Spring Break Program

Enrollment Date: _____

Name: _____

Last

First

Middle

Nickname: _____ Phone: _____

Address: _____

Birth Date: _____ Age: _____ Social Security#: _____

School: _____ Grade: _____

The Leadership Academy for Boys sponsored by Girls Incorporated of the Greater Peninsula is an informal education after school and summer program where boys in the surrounding communities can be involved in a variety of activities and enrichment programs under the supervision of qualified program specialists. To ensure that the informal education learning environment is safe and fun for all participants, the following standards are being implemented. Please read each standard and initial next to each number once you fully understand the standard's meaning and purpose. Thank you for your cooperation and attention to these important standards. Please do not hesitate to ask a staff representative for any questions that you might have.

_____ 1. Hours of operation are:

- | | |
|---|---|
| <input type="checkbox"/> Summer Camp Session: | <input type="checkbox"/> Spring Break Camp: |
| • 6:00 a.m. – 6:00 p.m. | • 6:00 a.m. – 6:00 p.m. |
| <input type="checkbox"/> Fall Before -School Session: | <input type="checkbox"/> Spring Before -School Session: |
| • 6:00 a.m. – 9:00 a.m. | • 6:00 a.m. – 9:00 a.m. |
| <input type="checkbox"/> Fall After-School Session: | <input type="checkbox"/> Spring After-School Session: |
| • 2:00 p.m. – 6:00 p.m. | • 2:00 p.m. – 6:00 p.m. |

_____ 2. I understand that my child must be promptly picked up by 6 p.m. daily. Any child left after 6:00 p.m. will be charged a \$10.00 fee for each 15 minutes after 6:00 p.m. Therefore, at 6:15 p.m. there will be a \$10.00 charge to be paid at the time of pick-up. If late fee payment is not paid at time of pick-up the amount will double each day until payment is satisfied.

_____ 3. I understand that weekly payment must be paid one week in advanced. Payments are schedule to be made each Friday. I further understand that payment us for a weekly slot basis (even if they only attend one day).

_____ 4. I understand that no services will be granted for parents who do not satisfy their payments.

_____ 5. I understand that all returned checks will incur a \$30 charge.

_____ 6. I understand that Girls Inc reserves the right to discontinue service for all parents who have delinquent accounts. I further understand that any outstanding fees and charges will be subjected to collection by a collection agency appointed by Girls Inc.

_____ 7. I understand that appropriate dress is required. For safety, closed shoes and loose clothing are preferred. Absolutely no sagging pants will be permitted.

_____ 8. I understand that in the event that my child is ill or has a temperature, I will be notified to pick up my child.

_____ 9. I give permission for basic first aid in the event that my child is injured.

- _____ 10. I understand that in the event of inclement weather the program will be closed. Please refer to your local school television channel. The Boys Leadership Academy operates on the schedule with the local public schools.
- _____ 11. I understand that if I wish for my child to attend any field trips I must give my permission by signing a consent form authorizing my permission for my child to attend all field trips.
- _____ 12. I understand that the Leadership Academy and Girls Inc. are not responsible for personal items left, loss or damaged at the programming site such as but not limited to the following: books, clothing, money, iPods, cell-phones, MP3 players, CDs, DVDs Cameras, laptops as well as any other electronic device. We highly recommend that such named items not be bought to the center.
- _____ 13. I understand that if any child who has any weapon of any kind in their possession will be reported to the Police Department and expelled from the program.
- _____ 14. I understand that the Leadership Academy operates on the same schedule as the local public school schedule, except during spring break and summer camp.
- _____ 15. I will not hold the Leadership Academy nor Girls Inc. responsible for any injuries that may occur during my child's participation in this program, although, all precautions will be taken to prevent such injuries.
- _____ 16. I understand that I have the option to give/ not give the Leadership Academy permission to take pictures and to videotape my child while participating in various activities for marketing purposes.
- _____ 17. I give the Leadership Academy permission to administer pre-and post surveys before and after each program in order to evaluate the impact of our program services.
- _____ 18. I give the Leadership Academy and/or Girls Inc. permission to make a copy of my child's school report card and/or progress report in order to evaluate the impact of their participation in the program on their school academic process.
- _____ 19. I understand that on days that my child will be absent from the program I am required to complete an absentee form or call the center location to notify staff of my child's absence. If no notification is given a \$5.00 penalty fee will be added to my payment the following week for pick-up services.
- _____ 20. I understand that my child is required to wear a program T-Shirt for all field trips. The T-Shirts are \$10.00.

By initialing the above information I acknowledged that I have read, understand and agree to the terms set forth by the Leadership Academy and Girls Inc. and I will abide by the standards set forth.

Parent/Guardian Signature: _____ Date: _____

FAMILY FACT SHEET

Please fill out this form to tell us some basic things about your family. The information provided is unanimously and will be kept strictly confidential. The information will be used to provide funders and other stakeholders the demographics of program participants in order to keep Girls Inc program services in your community. Thank you.

1. Child's Name: _____
2. Parents/Guardian Name: _____
3. Child's Birth Date: _____
4. City Child Currently lives in: _____
5. Child's Race and Ethnic Background (circle all that apply):
African-American Asian Caucasian Hispanic Native American Other (specify) _____
6. Name of School: _____
7. Grade in School: _____
8. Does Mother Work for Pay? _____
9. Mother's Job: _____
10. Does Father Work for Pay? _____
11. Father's Job: _____
12. Does Your Child Live with: Mother only Father Only Two Parents Other (specify) _____
13. Does your child receive a Free or Discounted School Lunch? Yes or No
14. How many people are in your family? _____
15. Who is the person that mainly takes care of your child? Mother Father Sister Brother
Grandmother Grandfather Stepmother Stepfather Aunt Uncle Friend Sitter
Other Relative Foster Care
16. How many other children in your household participate in this program? _____
17. Does your child have any physical or educational disabilities? Yes or No
If yes, please describe: _____

18. Circle things your child likes to do:

Dance/Sing	Build things	Ride a bike	Watch TV	Swim
Play ball	Read books	Go to school	Fish/Camp	Cook
Fix things	Talk on phone	Work on computers	Talk to teachers	Study
Listen to music		Hang out around the house		

19. Put a line (—) through things your child DOES NOT like to do:

Dance/Sing	Build things	Ride a bike	Watch TV	Swim
Play ball	Read books	Go to school	Fish/Camp	Cook
Fix things	Talk on phone	Work on computers	Talk to teachers	Study
Listen to music		Hang out around the house		

20. We have been asked by our stakeholders and funders sources to provide a breakdown of our participants' family income: Please be assured that we regard this as confidential information.

Circle the amount of your family income for the last year:

Less than \$5000	\$15,001 - \$20,000	\$35,001 - \$50,000
\$5,001 - \$10,000	\$20,000 - \$25,000	More than \$50,000
\$10,001 - \$15,000	\$25,001 - \$35,000	

Thank you for completing this survey!

Participant Release Form

Participant's Name: _____

I am aware that some of the programs offered by the Leadership Academy for Boys are physical, and hereby assume responsibility for my child to participate. I will not hold the Leadership Academy or Girls Incorporated of the Greater Peninsula and/or its employees or agents responsible in the event of accident or injury resulting from this participation. I agree to indemnify and hold harmless the Leadership Academy and Girls Incorporated of the Greater Peninsula, its agents', and employees from any loss, damage, claim, demand, liability, or expense incurred as a result of any damage to property or person injury sustained by me/my child while participating in the Leadership Academy program. I declare to the best of my knowledge and belief that my child is in sufficiently good health and physical condition to participate in the program. I agree to inform the Leadership Academy and Girls Incorporated of any physical limitations which may limit my child's activities or ability to participate in this program activity.

Parent/Guardian Signature _____ Date _____

Consent Form

By signing below you are agreeing that you will allow your child to take part in the program offered by the Leadership Academy for Boys. You are also agreeing that your child may take part in an evaluation of this program to ensure that the program is having a positive impact on youth who participates in the program.

Child's Name (please print)

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

What is your relationship to the child named above? (circle one)

Mother Father Legal Guardian Other _____

Parental Consent for Treatment

A. Child's Name _____

B. This is to certify that I/We have Health/Hospitalization Insurance with:

Company: _____ Policy# _____

C. Do we have permission to give any first aid treatment necessary to your child in case we are unable to contact you? Yes _____ No _____

D. Any exceptions please list _____

E. The parent or guardian will be responsible for picking up an ill child immediately upon notification from the staff.

Parent/Guardian Signature

Date

Permission to Photograph and Video Tape

The Leadership Academy for Boys sponsored by Girls Incorporated of the Greater Peninsula is revising its marketing efforts and we believe the best way to promote the program is by showing the community what it is we do. Please sign and date below if your child has/does not have permission to be photographed or filmed during his participation in activities with the Leadership Academy.

I give permission for my child, _____
to be photographed and/or filmed while he is a participant of the Leadership Academy. I understand that the Leadership Academy may use the photographs and/or videos for publicity.

I **DO NOT** give permission for my child, _____
to be photographed and/or filmed while he is a participant at the Leadership Academy.

Signature of Parent/Guardian

Date

Parent/Guardian Information

Mother: _____ Home Phone: _____
Last First Middle

Address: _____
House Number Street Name City State Zip

Place of Employment (if not employed, put N/A): _____

Work Phone: _____ Cell Phone: _____

Work Address: _____

Email Address: _____

Father: _____ Home Phone: _____
Last First Middle

Address: _____
House Number Street Name City State Zip

Place of Employment (if not employed, put N/A): _____

Work Phone: _____ Cell Phone: _____

Work Address: _____

Email Address: _____

Child's Medical Information

Name of Child's Doctor: _____ Phone#: _____

Hospital Preferred: _____

Allergies: _____

Health Problems and/or Medical Conditions: _____

Medications: _____

Instructions: _____

Mental and/or Behavioral Disorders or Conditions: _____

Child's Name: _____

WHO TO NOTIFY IN CASE OF EMERGENCY

(other than parent/guardian)

Name: _____ Relationship to Child: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Address: _____

Name: _____ Relationship to Child: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Address: _____

PICK UP AUTHORIZATION IN CASE OF EMERGENCY

(other than parent/guardian)

Name: _____ Relationship to Child: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Address: _____

Name: _____ Relationship to Child: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Address: _____

CHILD'S INFORMATION

Allergies: _____

Medications: _____

PICK UP AUTHORIZATION

Please list all persons authorized to pick-up your child (including yourself):

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____
4. _____ Phone: _____
5. _____ Phone: _____
6. _____ Phone: _____
7. _____ Phone: _____
8. _____ Phone: _____

*All persons picking up your child must present a license or proof of identity to the staff that corresponds to one of the names listed above to have the child released to them.

PERSONS NOT AUTHORIZED TO PICK UP

Please list all persons **NOT AUTHORIZED** to pick-up your child:

1. _____
2. _____
3. _____
4. _____

§ 22.1-4.3. Participation by and notification of noncustodial parent.

Unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center (i) shall not be denied the opportunity to participate in any of the student's school or day care activities in which such participation is supported or encouraged by the policies of the school or day care center solely on the basis of such noncustodial status and (ii) shall be included, upon the request of such noncustodial parent, as an emergency contact for the student's school or day care activities.

For the purposes of this section, "school or day care activities" shall include, but shall not be limited to, lunch breaks, special in-school programs, parent-teacher conferences and meetings, and extracurricular activities. It is the responsibility of the custodial parent to provide the court order to the school or day care center.

Transportation Agreement Form

Child's Name: _____

It is the intent of the Leadership Academy and Girls Inc. to provide a safe transportation experience to your child. The bus/van driver carries a substantial burden of responsibility and it is essential that all children cooperate by observing certain rules and regulations.

- _____ 1. I understand that the safety of all passengers is at the utmost importance, therefore children are expected to be courteous to their driver and peers and are required to listen to and follow the directions of the bus/van driver at all times.
- _____ 2. I understand that the driver is in charge of the bus/van and children, and has the authority to assign seats to maintain discipline or promote safety.
- _____ 3. I understand that my child must not extend any body parts or throw any items out of the bus/van. I further understand that my child is expected to remain seated while on the bus/van with a seatbelt on.
- _____ 4. I understand that there is a zero tolerance for fighting, disrespect to the driver, vandalism, indecent exposure, profanity or vulgar language, or bringing any type of weapon on the bus/van. Any of these can and may result an automatic suspension from the transportation services.
- _____ 5. I understand that eating, chewing gum or drinking on the bus/van is not allowed.
- _____ 6. I understand that should my child fail to follow the rules on the bus/van, they will first receive a verbal warning, second a written warning and then finally a one week suspension from transportation services. (Excluding # 4 above)
- _____ 7. I understand and agree to release from liability, hold harmless, indemnify and waive our right to sue the Girls Inc, and its administrators, directors, board members, staff members, volunteers, or bus drivers (collectively "Girls Inc."), for all claims and/or damages, that I separately and/or collectively may have, for personal injury, bodily harm, death, injury to or loss of property, emotional injury or loss of consortium, that may occur in connection with, arising from or by reason of this transportation agreement, whether caused by negligence or otherwise. I understand that I am not releasing Girls Inc. from liability for claims for damages arising from a reckless or intentional act of Girls Inc.
- _____ 8. I understand that I further agree to release from liability, hold harmless, indemnify and waive our right to sue Ready 2 Ride, LLC or L&L Enterprises. LLC and its employees, agents, or servants, for all claims and/or damages, that I separately and/or collectively may have, for personal injury, bodily harm, death, injury to or loss of property, emotional injury or loss of consortium, that may occur in connection with this transportation agreement, whether caused by negligence or otherwise. I understand that I am not releasing Ready 2 Ride, LLC or L&L Enterprises LLC from liability for claims and/or damages arising from a reckless or intentional act of Ready 2 Ride, LLC or L&L Enterprises LLC.

By initialing the above information I acknowledged that I have read, understand and agree to the terms set forth by the Leadership Academy and Girls Inc. and I will abide by the standards set forth.

Parent/Guardian Signature: _____ Date: _____

**Girls Incorporated of the Greater Peninsula
AGREEMENTS**

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s) /guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorizes the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.**
3. The parent(s)/guardian(s) agree to inform the child day center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
4. The parent(s)/guardian(s) gives authorization to allow the child to participate in field trip activities sponsored by the center.

SIGNATURES

Parent(s) or Guardian(s)	Date
Administrator of Center	Date

Date Child Entered Care: _____ Date Left Care: _____

*If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states their objection and the reason for their objection.

**OFFICE USE ONLY
IDENTITY VERIFICATION**

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____
Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identify is not necessary when the child attends a public school in Virginia and the center directly to the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

GIRLS INCORPORATED CACFP ENROLLMENT and RE-ENROLLMENT FORM

_____ Age or DOB _____ is enrolled at:

Name of Child _____

Name of Center _____

Address of Center _____

Starting on _____
(Month/Day/Year)

Normal Days In Child Care: **M T W TH F SAT SUN** (circle all that apply)
After School Before School Learning Center Summer Camp (circle all that apply)

Normal Hours in Care: from _____ to _____
Normal Meals Expected to be Served Daily: **Breakfast** _____ **AM Snack** _____

Lunch _____ **PM Snack** _____ **Dinner** _____ (check all that apply)

Please explain any unusual circumstances related to child's attendance at center:

Signature: _____ Date: _____
(Parent/Guardian)

School: _____ Grade: _____

Mother/ Guardian: _____ Email: _____

Phone: Home: _____ Office _____ Cell _____

Address: _____

Father/ Guardian: _____ Email: _____

Phone: Home: _____ Office _____ Cell _____

Address: _____

You are not required to answer these questions. If you choose to do so:

Please mark one of the following ethnic identities: Hispanic or Latino Not Hispanic or Latino

Please mark one or more of the following racial identities: American Indian or Alaska Native
 Asian Black or African American Native Hawaiian or Other Pacific Islander White

For Center Use Only:

Is the youth a re-enrolled participant? ____ Yes ____ No Original Re-enrollment Date: _____

Participant Withdrew on _____
(Date)

Income Eligibility Statement
Child and Adult Care Food Program
Child Day Care Center: Non-Pricing Program

PART 1

Child's Name: Last First M.I. Classroom

PART 2 - FOSTER CHILD: Complete this Part and sign the statement in Part 4. DO NOT complete Part 3A or 3B

If this is a foster child, check this box []. Write the child's income and how often it is received here: \$ /

PART 3A - HOUSEHOLDS NOW GETTING FOOD STAMPS OR VA TANF FOR THEIR CHILDREN Complete this part and sign the statement in Part 4 - DO NOT complete Part 3B.

Food Stamp Case Number: VA TANF Case Number:

PART 3B - ALL OTHER HOUSEHOLDS - If you did not write a Food Stamp or VA TANF number, complete this Part and sign this Statement in Part 4.

Table with 5 columns: NAMES, Earnings from Work (Before Deductions) Job 1, Earnings from Welfare, Child Support, Alimony, Payments from Pensions, Retirement, Social Security, Earnings from Job 2 or Any Other Income. Each column has sub-columns for Income and Frequency. Rows 1-8 for household members.

Name and Social Security Number of Primary Wage Earner or Household Member Who Signs This Form (Privacy Act Statement)

Name: Social Security Number I do not have a Social Security Number []

PART 4 - SIGNATURE: An adult household member must sign this Statement before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the Food Stamp number or VA TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal Funds; that organization officials may verify the information on this Statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal Laws.

Signature of Adult: Printed Name of Adult:

Date Signed Home Telephone Work Telephone Home Address Zip Code

PART 5 - RACE/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so:

Please mark one or more of the following racial identities:

[] American Indian or Alaska Native [] Asian [] Black or African American [] Native Hawaiian or Other Pacific Islander [] White

Please mark one of the following ethnic identities:

[] Hispanic or Latino [] Not Hispanic or Latino

Section 9 of the National School Lunch Act requires that, unless your children's food stamp or VA TANF number is provided, you must include a social security number on the statement. This may be either the social security number of the parent or guardian who is the primary wage earner or the social security number of the adult household member signing the statement, or an indication that neither household member possesses a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that neither the primary wage earner nor the adult household member signing the statement has one, the statement cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine the current certification for receipt of food stamps or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the document produced by the household member to prove the amount of income received. The efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

For Center/Sponsor Use Only:

Food Stamp Household/VA TANF Categorically Eligible Free: OR
Total Household Income: Household Size:
Eligibility Classification: Free Reduced Paid
Printed Name of Determining Official: Signature of Determining Official

Revised: 4/08 Date: