



## 2010 AFTERSCHOOL PROGRAM CALENDAR

July 6	Afterschool Program Registration Begins
August 2-6	CENTER CLOSED to girls/Afterschool Staff Planning
August 9	AFTERSCHOOL 2010-11 STARTS
September 6	CENTER CLOSED for Labor Day Holiday
October 11-15	Fall Break Intercession (Center is open 7 a.m. to 5:30 p.m.)
November 4	CENTER CLOSED for Regional Staff Training
November 11	CENTER CLOSED for Veteran's Day
November 24-26	CENTER CLOSED for Thanksgiving Holidays
December 23-31	CENTER CLOSED for Christmas Holidays
January 3 – 5	Winter Intercession (Center is open 7 a.m. to 5:30 p.m.)
January 17	CENTER CLOSED for Martin Luther King, Jr. Holiday
February 21	CENTER CLOSED for President's Day
April 11-15	Spring Break Intercession (Center is open 7 a.m. to 5:30 p.m.) <i><u>Summer Registration Begins!</u></i>
April 22	CENTER CLOSED for Good Friday Holiday
May 30	CENTER CLOSED for Memorial Day Holiday
June 2	Last Day of the Afterschool Program



Girls Incorporated of Dothan
AFTERSCHOOL PROGRAM 2010

Required Afterschool Deposit \$40 (\$15 membership fee & \$25 first week)
Slots are not reserved until the required deposit has been paid.
Slots are provided on a first come, first serve basis.

AFTERSCHOOL PROGRAM FEES:

Membership Fee.....\$15

Weekly fee .....\$25

This applies to any child who is enrolled in our program as a member and who will be attending on a regular basis.

Per Day Fee for Drop In's and Visiting Members of the Family.....\$5

This applies to friends of the members who may attend a special event at the center, daughters visiting the other parent or relative for a short vacation, or guests who are experiencing the center for a trial visit. Once enrolled this fee does not apply. PLEASE NOTE: We cannot guarantee that we can accept drop-ins, and they must first be approved by the Executive Director or Program Director.

HOURS OF OPERATION DURING THE AFTERSCHOOL PROGRAM:

Business Office opens for business at 8:30 A.M.

Girls may arrive no earlier than 2:00 P.M.

Monday – Thursday Close at 6 P.M.

Friday Close at 5:30 P.M.

SPECIAL DISCOUNTS FOR MULTIPLE FAMILY MEMBERS:

Girls from the same household receive a special weekly rate as follows:

- First 2 Girls \$25 per girl per week
3rd Girl \$15 per week
4th Girl \$10 per week
5th Girl or More \$5 per week

Please note: Girls Incorporated of Dothan does not refund any fees, membership dues or field trips. If you pay for your daughter to attend Girls Inc. or a field trip, and she does not attend or go on the trip you WILL NOT RECEIVE A REFUND for that trip. We have to reserve seats for our field trips in advance, and her seat was held and paid for regardless if she attended.

# AFTERSCHOOL REGISTRATION 2010

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

## PARENT/FAMILY INFORMATION

Mom's Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ cell phone/beeper number: \_\_\_\_\_

WORKS AT: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Hours you work: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ cell phone/beeper number: \_\_\_\_\_

WORKS AT: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Hours you work: \_\_\_\_\_

Step Parent's Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ cell phone/beeper number: \_\_\_\_\_

WORKS AT: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Hours you work: \_\_\_\_\_

How many people live in your house? \_\_\_\_\_ Who MAINLY takes care of your child? \_\_\_\_\_

Does your child receive FREE or REDUCED SCHOOL LUNCHES? YES NO

How many other Girls Inc members live in your house? \_\_\_\_\_

Did you, the parent, ever attend Girls Club or Girls Incorporated as a member? YES NO

**In case you are not able to pick up your child and have not notified us, we need names and telephone numbers of those we can call to come and get her, or names of other people you give permission for your daughter to go home with:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Is there ANYONE WHO CANNOT PICK UP YOUR CHILD at any time for any reason?**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Is there a court order preventing contact? YES NO

**AT GIRLS INC. WE VALUE THE SAFETY OF EVERY CHILD. IN AN EFFORT TO ENSURE THEIR SAFETY, WHOEVER IS PICKING UP YOUR CHILD MUST PHYSICALLY COME INTO THE CENTER AND SIGN THE CHILD OUT, AND THE PERSON MUST BE LISTED ABOVE IN ORDER TO CHECK OUT THE CHILD.** \_\_\_\_\_ (Parent/Guardian Initials please.)

CHILD'S NAME: \_\_\_\_\_

### SCHOOL INFORMATION

What school does your child attend? \_\_\_\_\_ Grade? \_\_\_\_\_

### STATISTICAL REPORTING INFORMATION

*To comply with Girls Incorporated's national required reporting format, the Wiregrass United Way and the State of Alabama for grants, we need the following statistical information completed. This information, as with all things in your child's folder, will be kept in strictest confidence.*

#### FAMILY INCOME

- Under \$10,000
- \$10-15,000
- \$15-20,000
- \$20-25,000
- Over \$25,000

#### FAMILY CONFIGURATION

- Joint Custody
- Living with Mom ONLY
- Living with Dad ONLY
- Living with BOTH parents
- Living with Other Relative
- Foster Care
- Other \_\_\_\_\_

#### CHILDHOOD DISABILITIES

- Learning Disability
- Emotional Disability
- Visual Impairment
- Hidden Health Disability
- Multiple Disabilities
- Developmental Disability
- Mobility Impairment
- Hearing Impairment
- Other \_\_\_\_\_

### CHILD'S HEALTH INFORMATION SHEET

*In case your child is injured, or is in need of emergency medical treatment, we will make all possible arrangements to notify you first and allow you to transport her to a medical facility. In the event that WE CANNOT LOCATE YOU OR THE INJURY IS TOO SEVERE TO WAIT to notify you prior to treatment, please give us the following information and permission to have your daughter treated.*

#### INSURANCE INFORMATION

Medical Insurance Company: \_\_\_\_\_

Employer Through Which Insurance is Issued: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Physician Preference: \_\_\_\_\_

Child's Regular Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

### HEALTH HISTORY

Are your child's school shots up to date? YES NO Date of last tetnus shot: \_\_\_\_\_

Does your child have any physical or mental handicaps? \_\_\_\_\_

Does your child have any illnesses or diseases that she receives regular treatment for? YES NO

If yes, what is the treatment: \_\_\_\_\_

Does your child take any REGULAR MEDICATION? YES NO

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Are we going to administer this while she is at the center? YES NO

Does your daughter have any allergies? YES NO

If so, what are the allergies? \_\_\_\_\_

### CENTER MEDICATION PERMISSION SLIP

Do you as a parent give our staff permission to administer the following over the counter medications to your child per bottle directions with regards to age and weight: *(please check those that we can administer)*.

Children's Tylenol \_\_\_\_\_ Pepto Bismol \_\_\_\_\_ Choloroseptic Spray \_\_\_\_\_ Benedryl \_\_\_\_\_

Children's Mylanta \_\_\_\_\_

### TREATMENT PERMISSION SLIP

Do you as a parent give our staff permission to seek emergency medical treatment if we are unable to locate you at the time of the accident or if the medical need is so great we feel treatment is necessary now and we will continue to locate you? YES NO

SIGNED: \_\_\_\_\_

*Parent/Guardian*

DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

**Girls Incorporated of Dothan**  
**TRANSPORTATION, VIDEO/PUBLICITY, & REPORT CARD CONSENT FORM**

*Parents: Please sign below as an indication that we have your permission and agreement to abide by the following policies and procedures:*

**VIDEO, WEB SITE, AND PUBLICITY PERMISSION:**

I give my permission for my daughter to be filmed, or photographed for the sole purpose of providing newspaper stories, fundraising event publicity, program event publicity, grant documentation, Girls Inc of Dothan website stories, photos, and events, and TV news/event coverage.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

**TRANSPORTATION:**

I understand and agree for my daughter(s) to be picked up on the Wiregrass Transit Authority (WTA) Bus after school, and WTA or Dothan City Schools buses during field trips, as part of the program content and structure of Girls Inc of Dothan, and as such, I agree for her to abide by the following bus rules:

1. Girls will board buses in an orderly manner. Drivers have the authority to delay arrival and departure times until there is order on the vehicle.
2. Girls who misbehave or continue to act in a disorderly manner while on the bus may be suspended from riding the bus for a specific period of time at the discretion of the Wiregrass Transit Authority bus driver, the Director of the organization, and by the management of Girls Inc of Dothan.
3. Girls fighting on the vehicles will automatically be suspended from riding the bus for a week and can be expelled from the Girls Inc programs.
4. Girls found defacing or vandalizing the bus will be suspended from riding the bus and possibly be expelled from Girls Inc. Juvenile authorities can be notified and parents can be held financially responsible for the damages.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

**REPORT CARD COPY CONSENT:**

I give my permission for the staff of Girls Inc to copy my daughter's report card each reporting period and to use the information to anonymously report cumulative grade averages for use in grant reports/requests, United Way support documents, and foundation requests for continued funding of our programs. Individual report card grades can not/will not be utilized in any reporting format.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

CHILD'S NAME: \_\_\_\_\_

## Girls Incorporated of Dothan FINANCIAL POLICIES

Girls Incorporated is able to provide services to you and your daughter(s) for a greatly reduced price BECAUSE of the Wiregrass United Way, a strong Board of Directors who conduct 6 fundraisers each year to support the programs and scholarships, our local churches, civic organizations, foundations, and YOU.....yes, YOU!

On Fridays, you will receive a bill for the services we have provided for your daughter(s). That bill will reflect the current fees for the programs your daughter(s) is enrolled in. The billing cycle runs from Friday to Thursday. **PAYING YOUR BILL ON TIME AND IN FULL** means that we have money to continue to operate for the next month. Allowing this bill to get behind makes it difficult for you to pay, and could cause your daughter(s) to be suspended and unable to attend.

Our present policy regarding fees **not paid in full at the end of each month** is as follows:

If at any time the total amount of fees due equals \$100, Girls Inc of Dothan requires that:

- A. your account be frozen,
- B. your daughter's membership be suspended for a period of time to allow you to catch up on your fees, and
- C. your daughter cannot physically attend any of our programs or activities until the account is paid in full.

Invoking this policy can be avoided by talking to the Executive Director regarding your account and your financial needs. If you have changes in your job, your income, or even your family situation, please tell the Executive Director. We have tools that we can use to help you out in the short term, or work towards financially getting you back on track. Failure to talk about your financial situation only hurts you and your daughter. *(Condensed from the Girls Inc of Dothan Membership Handbook, 2002)*

Now that I have read the above state policy, I agree to the following terms and policies:

1. I understand that my **PROGRAM FEES MUST BE PAID IN FULL EACH WEEK** in order for my daughter to be considered eligible to continue to attend. Failure to do so could result in my daughter losing her membership.
2. I also understand that there is a **\$30 RETURN CHECK CHARGE** that will be assessed should my checks be returned by my bank or other financial institution.
3. I also understand that **PICK UP TIME IS 5:30 P.M. and there is a \$1 charge for every minute or portion thereof that I am late.** That money is to be paid in cash or by check to the staff member who is staying late with my daughter at the time I pick her up. If I do not have any means to pay this fee, the fee will be added to my account and must be paid off at the end of the month. Continued tardiness in picking up my daughter could result in my daughter being removed from the program.
4. I understand that there are **NO REFUNDS for membership dues, program fees or for field trips.** If I pay for a field trip, and my daughter does not attend that day I WILL NOT RECEIVE A REFUND for that trip. Girls Inc. has to reserve seats for field trips, and I understand that a seat was reserved for my daughter regardless if she attended the trip.

I have read and understand the above stated policies and procedures, and understand and agree that it is my responsibility to keep my financial account clear and straight and to make timely payments on my account.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Girls Incorporated of Dothan Computer Use Agreement

I understand that, as a Girls Inc. member and internet user, I am responsible for my actions and that I am responsible for acting considerately and appropriately, in accordance with the rules listed below.

When using the internet while on a computer at Girls Inc., **I will not:**

- *Use a computer unless there is a teacher or staff member present*
- *Use a computer unless I have asked to do so, especially when in the office or administrative areas of the center*
- *Print anything until I have been given permission by the staff member in charge*
- *Send, display, or download offensive messages or pictures*
- *Download any data, pictures, music, art, or other internet matter*
- *Give out personal information on any website, personal page, blog, or other area*
- *Use obscene language, harass, insult or attack others*
- *Damage computers, computer systems, or computer networks (this includes changing workstation or printer configurations, deliberately destroying data or spreading computer viruses)*
- *Violate copyright laws*
- *Use other users' passwords*
- *Trespass in other users' files, folders, or work*
- *Bring food or drink to the computer area.*
- *Visit unapproved or inappropriate websites. These will be made known to you by a Girls Inc staff member during your class or lab time.*

**Girls Incorporated of Dothan has the right** to read and retain any electronic messages transmitted/received via use of a computer located at Girls Incorporated of Dothan.

**I understand** that any or all of the following sanctions could be imposed if I violate any of the policies and procedures regarding the use of the internet or any computers at Girls Incorporated:

1. Loss of access to ANY computer
2. Loss of membership to Girls Inc depending on the severity of the offense
3. Legal action, if and when necessary.

Child's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Girls Incorporated of Dothan Computer Use Agreement

### Parental Acceptance of Computer Use Policy

***Your child has signed the computer use policy. In order for her to be eligible to use our computers in the lab for class work or for homework/research, a parent's signature must accompany the computer use agreement.***

Yes, I understand the policies regarding computer and internet use at Girls Incorporated. I accept full legal responsibility should my child damage computers or computer systems/networks, destroy data or equipment, or spread computer viruses from a Girls Inc computer. I understand that use of the internet and email at Girls Inc. is a privilege, and that Girls Inc. reserves the right to read and retain any electronic messages transmitted or received via the computers at Girls Inc.

By signing below, my child has my permission to access the Internet under the supervision of a Girls Inc. staff member.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name



Girls Incorporated of Dothan

### Internet Parental Consent Form

Girls Incorporated of Dothan is updating its Parental Consent Form to include the use of photographs and videos on the Girls Incorporated of Dothan website ([www.girlsincdothan.org](http://www.girlsincdothan.org)) and the Girls Incorporated of Dothan Facebook page.

We are aware of the potential dangers associated with the posting of such information on a website since global access to the Internet does not allow us to control who may access such information. However, we want to celebrate your child, her accomplishments, and the activities/events of Girls Incorporated of Dothan.

Girls Incorporated of Dothan would like to request your permission for your child's photograph/image to be published on these two sites (website and Facebook page). **Member photos that are posted on the web will be used to highlight accomplishments, programs, activities, or events. If included, identification would be done by first name only. Photos of large groups or action photographs will not include identification of the children.**

Pursuant to law, we will not release any personally identifiable information without prior written consent from you, the parent or guardian. Again, if children are identified it will be by their first name ONLY.

If you the parent or guardian wishes to overturn this agreement, you may do so at any time in writing by sending a letter to the Executive Director and any identification will be removed immediately upon receipt of letter.

- I grant permission** to Girls Incorporated of Dothan to include photographs and videos of my child on their website and Facebook page.
  
- I DO NOT grant permission** to Girls Incorporated of Dothan to include photographs and videos of my child on their website and Facebook page.

Child's Name: \_\_\_\_\_

Print name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_