



Inspiring All Girls to be Strong, Smart and Bold™

2012-2013 AFTERSCHOOL PROGRAM CALENDAR

July 9	Afterschool Program Registration Begins
August 13-17	CENTER CLOSED
August 20	AFTERSCHOOL 2011-12 STARTS
September 3	CENTER CLOSED for Labor Day Holiday
October 15-19	Fall Break Intercession (Center is open 7 a.m. to 5:30 p.m.)
November 1-2	CENTER CLOSED for Girls Inc.'s Regional Conference
November 12	CENTER CLOSED for Veteran's Day
November 21-23	CENTER CLOSED for Thanksgiving Holidays
December 24-31	CENTER CLOSED for Christmas Holidays
January 1-2	CENTER CLOSED for New Year's Holiday
January 21	CENTER CLOSED for Martin Luther King, Jr. Holiday
February 18	CENTER CLOSED for President's Day
March 25-29	Spring Break Intercession (Center is open 7 a.m. to 5:30 p.m.) <u><i>Summer Registration Begins!</i></u>
May 23	Last Day of Afterschool Program 2011-2012
May 27	CENTER CLOSED for Memorial Day Holiday
May 28-31	CENTER CLOSED for Summer Prep & Training
June 3	Summer 2013 Begins!



Girls Incorporated of Dothan
AFTERSCHOOL PROGRAM 2012-2013

Required Afterschool Deposit \$50 (\$15 membership fee, if applicable & \$35 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 After School.....\$35

Weekly fee for Intercessions.....\$45

This applies to any child who is enrolled in our program as a member and who will be attending on a regular basis. There is NO DAILY FEE.

Per Day Fee for Drop In's and Visiting Members of the Family (After School).....\$7

Per Day Fee for Drop In's and Visiting Members of the Family (Intercession).....\$10

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. Girls are ONLY considered "visitors" for no more than 3 days total - after this time frame, they will be required to pay a membership fee and will be charged weekly fees. 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.

HOURS OF OPERATION DURING THE AFTERSCHOOL PROGRAM:

Monday - Friday 7:00 a.m. to 5:30 p.m.

SPECIAL DISCOUNTS FOR MULTIPLE FAMILY MEMBERS:

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

Table with 3 columns: Number of girls, After School fee, and Intercession/Full-Time Care fee. Rows include First 2 Girls, 3rd Girl, 4th Girl, and 5th Girl or More.

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.

AFTERSCHOOL REGISTRATION 2012-2013

CHILD'S NAME: _____ DOB: _____ AGE: _____ RACE: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

What school does your child attend? _____ Grade? _____

PARENT/FAMILY INFORMATION

Mom's Name: _____ Home Address: _____

Home Phone: _____ cell phone/beeper number: _____

WORKS AT: _____ Work Phone: _____

Dad's Name: _____ Home Address: _____

Home Phone: _____ cell phone/beeper number: _____

WORKS AT: _____ Work Phone: _____

Step Parent's Name: _____ Home Address: _____

Home Phone: _____ cell phone/beeper number: _____

WORKS AT: _____ Work Phone: _____

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 #: _____

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: _____

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: _____

Child's Regular Physician: _____ Phone #: _____

Hospital Preference: _____

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: _____

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? _____

CHILD'S NAME: _____

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: _____

DATE: _____

Parent/Guardian

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

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

Publicity Parental Consent Form

Girls Incorporated of Dothan uses photographs and videos of the girls and their activities on the Girls Incorporated of Dothan website (www.girlsincdothan.org) and the Girls Incorporated of Dothan Facebook page. Girls may also be filmed or photographed for local newspaper stories, fundraising event publicity, program event publicity, grant documentation, and TV news/event coverage.

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, Facebook page, or in the newspaper.

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

Child's Name: _____

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____