



Girls Inc. of Dothan

Inspiring All Girls To Be Strong, Smart and Bold®

(334) 793-2321

2015

SUMMER PROGRAM CALENDAR

- March 23-27** **Begin Spring Break Intercession-Center OPEN 7AM-5:30PM
ENROLLMENT FOR SUMMER PROGRAM OPENS**
- May 8** **Summer Scholarship Applications Deadline (No Exceptions)**
- May 22** **Last Day of the Afterschool Program 2013-2014**
- May 25** **CENTER CLOSED – Memorial Day**
- May 26-29** **CENTER CLOSED for Summer Staff Prep and Training**

SUMMER 2015

- June 1** **Begin Summer Program 2014 – 7 AM – 5:30 PM**
- July 3** **CENTER CLOSED for 4th of July holidays**
- July 6** **Afterschool Program Registration Begins**
- August 7** **LAST DAY OF SUMMER PROGRAM**
- August 10-11** **CENTER CLOSED for Staff Vacations**

AFTERSCHOOL 2014-2015

- August 12** **Afterschool Program 2015-16 Begins**



Girls Incorporated of Dothan
SUMMER PROGRAM 2015
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Required Summer Deposit

CURRENT MEMBERS* - Membership Fee, IF due, PLUS \$12-20 for shirt

**This only applies to current members who attend Afterschool OR have a zero balance on their account. Balances remaining must be paid in full PLUS One Week (\$45) upfront in addition to membership fee & t-shirt.*

NEW MEMBERS - \$60 PLUS T-shirt (\$15 membership fee + \$45 first week + \$12-\$20 for shirt)

Slots are not reserved until the required deposit has been paid.

Slots are filled on a first come, first serve basis.

Special Offer for Paid In Full

If you pay in advance for the entire summer, you will receive **ONE FREE WEEK**. The cost for a paid in full Summer is \$420 **PLUS** the cost of a t-shirt at the time of registration. This includes your membership fee.

SUMMER PROGRAM FEES:

Membership Fee.....\$15

Weekly fee EXCLUDING field trips, snacks, and other special supplies or activities.....\$45

This applies to any child who is enrolled in our program as a member and who will be attending on a regular basis. It does not matter how many days your child attends during the week, the fee is the same. Per Day fees DO NOT APPLY to regular members.

Per Day Fee for Drop In's and Visiting Members of the Family.....\$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 2 days total – after this time frame, they will be required to pay a membership fee and weekly fees, and purchase a t-shirt.

HOURS OF OPERATION DURING THE SUMMER PROGRAM:

Center opens to girls at 7 A.M. (Check-in is located in the Gameroom until 8:30 A.M.)

Center Business Office hours are 8:30 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:

- 2 Girls \$80 per week
- 3 Girls \$115 per week
- 4 Girls \$145 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 a field trip, and she does not go on the trip you WILL NOT RECEIVE A REFUND for that trip. We must reserve seats for our field trips in advance, and her seat

was held and paid for regardless if she attended. Field trip fees also CANNOT be transferred to another trip.

SUMMER LUNCH & BREAK INFORMATION

IMPORTANT THINGS TO REMEMBER

**Girls MUST pack a COLD lunch every day!
Please pack an ice pack in lunch box if needed.**

Girls need to arrive before 10:30 a.m. if they will be eating lunch at the center.

We encourage parents to NOT drop off their children between 11 a.m. to 12:30 p.m. as staff are busy serving lunch and supervising the children.

If you bring your daughter(s) after 12:30 p.m., please make sure that she has already eaten lunch as we do not have staff to supervise her while she eats.

Break

We have 2 breaks during the Summer (morning and afternoon). Girls may bring snacks from home or purchase snacks from our Cantina. The snacks that are offered through our Cantina range in price from 0.25 to 0.50 cents and include (but are not limited to):

Koolaid Jammer	0.50 cents
Pickles	0.25 cents for half pickle – 0.50 cents for whole
Chips – variety	0.50 cents
Pop Tarts	0.25 cents for one – 0.50 cents for both
M&M Cookies	0.50 cents
Rice Krispy Treats	0.50 cents

Ice Cream Wednesdays at Afternoon Snack - Items range from 50 cents to \$2.

You can provide snack money that will be put on the snack account for your daughter.

Lunch

Lunch Schedules:

K-2 nd grade	11:00 to 12:00
3 rd grade and up	12:00 to 1:00

Girls MUST pack a COLD lunch every day. Please pack an ice pack in lunch box if needed. Please see information above regarding arrival times and lunch.



FREE LUNCH & AFTERNOON SNACK FORM
JUNE 8TH-JULY 31ST ONLY!

In partnership with the City of Dothan Leisure Services and the Dothan City Schools, Girls Inc. will provide FREE lunch and afternoon snack during the Summer from June 8th to July 31st.

This form MUST be completed in order for your daughter(s) to receive FREE lunch and afternoon snack. IF she has a completed form on file she MUST get FREE lunch AND snack EVERY DAY. There are no exceptions to this rule. We are required to maintain a consistent number of lunches and snacks every day, and we appreciate your cooperation.

My daughter(s), _____, will receive FREE lunch AND afternoon snack this Summer. I understand that this will NOT be offered the first week or the last week of Summer. Therefore, it is my responsibility to provide her with a cold lunch and afternoon snack the week of June 1-5 and August 3-7.

Parent/Guardian Signature

Date



Current Member Summer Registration Form

Confidentiality: Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Member Information

Child's Name (First/Last): _____

Address: _____

City: _____ Zip Code: _____ Birthdate: _____

Grade *Completed Last School Year (2014-2015)*: _____

Household Information

Family Setting:

- Both Parents
- Guardian
- Relative
- Single Parent
- Parent & Stepparent
- Foster

Family Income:

- Under \$10,000
- \$10-\$15,000
- \$15-20,000
- \$20-25,000
- \$25-30,000
- \$30-50,000
- Greater than \$50,000

Parent/Guardian (First/Last Name): _____

Phone Number: _____ Work Cell Home

Phone Number: _____ Work Cell Home

Email Address: _____

2nd Parent/Guardian (First/Last Name): _____

Phone Number: _____ Work Cell Home

Phone Number: _____ Work Cell Home

Email Address: _____

****T-Shirts are REQUIRED FOR ALL FIELD TRIPS****

Circle T-Shirt Size: Youth S M L Adult S M L XL XXL

Cost – Youth Sizes \$12, Adult Sizes \$15 and XL/XXL \$20

Authorized Pick-Up List

In case you are not able to pick up your child and have not notified us, please provide 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. Please note that you will be charged \$1 for every minute past 5:30 that your daughter remains at the center.

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 (ADULT, MINIMUM AGE OF 16) MUST BE LISTED ABOVE IN ORDER TO CHECK OUT THE CHILD.

_____ (Parent/Guardian Initials please.)

Member Medical Information

Insurance Provider: _____

Policy Number: _____

Preferred Physician: _____

Physician Phone: _____

Preferred Hospital: _____

Current Medications: _____

Medical Problems/Allergies: _____

Treatment Permission

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

Parent signature

Date

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 _____ Children's Tums _____

Video, Website, Facebook 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 Consent and Behavior Policy

I understand and agree for my daughter(s) to ride on the Dothan City School buses or Wiregrass Transit Authority (WTA) 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 Girls Inc.
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

I understand the rules of Girls Inc. of Dothan, and I have explained the rules to my daughter. I agree that Girls Inc. of Dothan will not be responsible for any accident to my daughter while on the premises of Girls Inc. of Dothan or while engaged in any of its activities away from the center.

Parent signature

Date