

**REGISTRATION FORM**  
Girls Inc Learning Center for Pre-Schoolers  
*“In Partnership with Girls Incorporated”*

*Business Office:*

***C/O Girls Inc, 1300 Thomas Street, Suite C., Hampton, Virginia 23669***

Phone: 757-722-6248

Fax: 757-722-6249

Website: [www.girlsincofgreaterpen.com](http://www.girlsincofgreaterpen.com)

**Program Site Location: 5501 Huntington Ave., Newport News, Virginia 23607**

**Select a Program:**

- All Day Program 6 AM – 6 PM
- Morning Program 6 AM – 12 PM
- Afternoon Program 12 PM – 6 PM

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

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

Last

First

Middle

Phone: Home: \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security#: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Girls Inc Learning Center for Pre-Schoolers is a Day care program that emphasizes learning through play. The daily schedule allows for an appropriate balance of active and quiet, large and small group, child-initiated and teacher-facilitated activities. The curriculum is seen as everything that happens in the course of the day- all the children's experiences, planned and unplanned, as they are actively involved with people and materials from arrival to departure. Our emphasis is on children's interests and involvement in their learning and on their ability to make constructive choices. Teachers set up an enriched environment with plan activities based on children's developmental assessments and then observe, evaluate and extend their learning. As children play, they reveal their skills and understanding, their misconceptions and difficulties, providing cues for teachers to engage with them in meaningful ways.

\_\_\_\_\_

1. Hours of operation are:

All Day Program \$95.00 per week:

- Between the hours of 6:00 a.m. – 6:00 p.m.

Morning Program \$50 per week

- Between the hours of 6:00 a.m. – 12:00 p.m.

Afternoon Program \$50.00 per week:

- Between the hours of 12:00 p.m. – 6:00 p.m.

\_\_\_\_\_

2. I understand that my child/children 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.

\_\_\_\_\_

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 the organization 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 the organization.

\_\_\_\_\_

7. I understand that appropriate dress is required. For safety, closed shoes and loose clothing are preferred.

- \_\_\_\_\_ 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 program will operate on the schedule with the local public schools during the time of inclement weather.
- \_\_\_\_\_ 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 organization is not responsible for personal items left or lost at the programming site such as the following: books, clothing, money, etc.
- \_\_\_\_\_ 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 affirm that my child is potty trained, however I understand that I will be contacted by Girls Inc staff if my child have an accident and I will be responsible for bringing a change of clothes if necessary.
- \_\_\_\_\_ 15. I will not hold the organization 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 give the organization permission to take pictures and to videotape my child while participating in various activities for marketing purposes.
- \_\_\_\_\_ 17. I give the organization permission to administer pre-and post surveys before and after each program in order to evaluate the impact of our program services.
- \_\_\_\_\_ 18. I understand that I am responsible for providing my child a "mat" and blanket for quiet time.
- \_\_\_\_\_ 19. I understand that my weekly payment guarantees my child's slot for the week and that there will be no refund if my child misses a day during that week.
- \_\_\_\_\_ 20. I understand that I am required to pay at least one week in advance to secure my child's space at the Center for the week.

By initialing the above information I acknowledged that I have read, understood and agree to the terms set forth by the organization and I will abide by the standards set forth. I also certify that the information provided is true to the best of my knowledge

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Staff 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 in strictly confidential. The information will be used to provide funders and other stakeholders the demographics of program participants in order to keep programs like this one up and running. 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 an X 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

I am aware that some of the program offered at the Center are physical, and hereby assume responsibility for my child(ren) to participate. I will not hold the Center 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 Center, its agents, and employees from any loss, damage, claim, demand, liability, or expense incurred as a result of any damage to property or person sustained by me/my child(ren) while participating in the Center activities I declare to the best of my knowledge and belief that my child(ren) are in sufficiently good health and physical condition to participate in activities at the Center.

---

Parent/Guardian Signature

---

Date

---

Witness Signature

---

Date

# Consent Form

Dear Parent and Guardian:

By signing below you are agreeing that you will allow your child to take part in the program offered by the Girls Inc Learning Center for Pre-Schoolers. 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.

\_\_\_\_\_ has my consent to take part in the  
**CHILD's NAME** (please print)

program as well as the program evaluation.

\_\_\_\_\_  
**YOUR NAME** (please print)

\_\_\_\_\_  
**YOUR SIGNATURE**

\_\_\_\_\_  
**TODAY's DATE**

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

Mother   Father   Legal Guardian   Other \_\_\_\_\_

Please contact Mrs. Laticia Stith, Program Director at 757-244-0716 if you have any questions.

\_\_\_\_\_  
Laticia Stith, Program Director

# 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.

F. Please note: As mandated by law, Girls Incorporated and its staff have an obligation to report any and all suspected cases of abuse, whether they occur on the premises, at the child's home or elsewhere. All workers have been given guidelines for reporting and are asked to report all possible cases.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# Permission to Photograph and Video Tape

**To:** Parents/Guardian  
**From:** Mrs. Laticia Stith, Program Director  
**RE:** Permission to Photograph and Video Tape

Girls Incorporated is revising its marketing efforts and we believe the best way to promote the Learning Center for Pre-Schoolers partnership with Girls Incorporated of the Greater Peninsula is by showing the community what it is we do to help develop pre-schoolers. Please sign and date below if your child(ren) have permission to be photographed or filmed during his/her participation in activities at the Learning Center.

I give permission for my daughter/son, \_\_\_\_\_ to be photographed and/or filmed while she is a participant of Girls Incorporated. I understand that the Girls Inc and the Learning Center may use the photographs and/or videos for publicity.

---

Signature of Parent/Guardian

---

Date

## WHO TO NOTIFY IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 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: \_\_\_\_\_  
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: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Family Members to be notified

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

A Neighbor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# 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.

## 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: \_\_\_\_\_

\_\_\_\_\_