



Of Greater Atlanta

Spring Break Camp

2021

APPLICATION

Registration Requirements

All of the following items are required in order for your registration to be complete. We apologize for any inconvenience the additional documentation adds. It is required due to our government funding, which enables us to keep your costs low.

- Complete Application Packet (6 Pages) for each participant**
- \$75 Tuition Fee**
- Report Card (second or third quarter acceptable)**
- Proof of Residency for primary Parent/Guardian (ex: Photo ID or check stub with proper Address, utility bill or mortgage/rent which lists address)**
- Copies of photo IDs for all household members over the age of 18**
- Copies of Social Security card for all household members over the age of 6**
- Proof of all household income for persons over the age of 18 (ex: 8 current and consecutive check stubs, signed letter from employer on company letterhead, TANF records, food stamps, free and reduced lunch verification, alimony/child support, unemployment & disability income, armed forces income, pension/retirement income)**
- If there is no-income in the household or you are self-employed you must complete a notarized Self-Certification of No Income or Self-Certification of Self Employment form. Forms are available at Girls Inc.**

Registration materials can be dropped off in the locked mailbox in front of Girls Inc., by fax to 770-499-2386, or by email to Bridget Trawick at btrawick@girlsincatl.org or Angelica Owen at aowen@girlsincatl.org. Questions specifically regarding application materials can also be directed to Bridget Trawick at the email address above.

Your registration is not complete, and your spot will not be held until we have received your completed application packet, and tuition fees, this includes ALL supporting documentation.

You may pay your tuition fees through PayPal on our website at www.girlsincatl.org or Cash App (\$girlsincatl).

Please note that when you register you are committing to pay for the entire week. Girls Inc. does not have daily rates.

The participant will be required to wear a mask daily.

Programming Schedule

This Spring Break girls will participate in specialized camps. Each girl will be enjoying up to 3 hours a day in their desired area of concentration in addition they will engage in other activities such as Art, Health & Wellness, Literacy, Informal time etc. Spaces are limited.

Spring Break Camp Options

Dance-Each day girls will develop and improve their strength, coordination, flexibility, and showmanship through choreography and proven techniques from our awesome dance instructor as they create an amazing performance presented Live on Zoom!

STEM-Each day girls will perform various STEM experiments while learning the fundamentals behind them. Hands on activities, real world applications, fun facts will all combine to give our girls an in depth understanding of the concept of STEM.

Sports & Fitness-Each day girls will learn about a different sport or fitness activity, including rugby, soccer, tennis, basketball and track & field. Girls will learn sports tips and important lessons such as sportsmanship, respect, self-discipline, and teamwork.

Healthy Lifestyle-Each day girls will learn hands-on practical life skill activities like cooking, sewing, gardening, meditation, yoga. These activities will help your girls develop responsibility, time-management and decision-making and self-sufficiency skills.

Please select 2 of the camp options

Dance_____ STEM_____ Sports_____ Healthy Lifestyle_____

You will receive a specific schedule for your child's group at the beginning of the week.

Attendance

Girls Inc. Spring Break hours are from 8:00AM to 5:00PM. Girls will not be allowed to be dropped off early even if staff are present in the building as this prevents staff from preparing for the day. All girls are to be picked up by 5:00PM or late pick-up fees will be assessed.

We request that participants arrive no later than 9:00 AM every day and are picked up after 4:00 PM to take full advantage of our program. No participant will be allowed to enter after 11am on any camp day!

Only Parents/Guardians or authorized representatives will be allowed to pick up the participant, and will be asked to show ID. All participants will be dropped off at the sign tent in the parking lot. Only people listed in this packet.

Parents/Guardians are responsible for informing us if your participant will be absent on any given day. Please contact us no later than 9:00 AM.

Illness and Medication

All Girls Inc. program facilitators are First Aid and CPR certified, however they have no formal medical training and are not allowed to care for sick children. If a girl is unable to participate in the normal routine, the parent/guardian will be called and must come pick up the child. If a primary parent/guardian cannot be reached, Girls Inc. will contact alternate contacts provided for pick-up. **Participants are not allowed to come to Girls Inc. Spring Break if they currently have or, in the last 24 hours, have had a 1) fever greater than 100 degrees, 2) diarrhea or vomiting, 3) a contagious rash or illness, 4) obvious pain or discomfort and/or 5) head lice and pink eye. Some contagious ailments such as pink eye may require a doctor's notice that your child is no longer contagious to return to Girls Inc.**

When possible please give medications outside of camp hours. Any medications girls must take while at camp must have written directions and signed authorization from a parent/guardian. Medication must be in its original container with an unaltered label containing the child's name and the date. Participant must be able to self-administer medication. Medication will always be kept with staff in the group's emergency bag.

Behavior

Girls Inc. promotes self-discipline and works to create rules and structure that help each girl feel safe and secure while ensuring all girls show respect to each other, staff, volunteers, and property. We also try to focus on incentives for positive behavior. When participants break rules, they are reminded of the expectations at Girls Inc. and discuss their behavior with staff or take a short time away to calm down. Often this is all that is necessary.

Participants can also be given consequences designed to change future behavior such as writing down what they could do differently next time. Behavior issues on field trips may result in not being able to participate in future field trips as field trip environments often pose more risk. For behavioral issues, a white slip will be sent home to parents to inform them of the issue and what is being done to address it. For repeated or more severe behavior issues a pink slip will be sent home. *If the behavior continues beyond this point, or if at any time a participant's behavior prevents other girls from receiving high quality programming, causes significant damage to or puts themselves, other participants, staff, or volunteers at risk, Girls Inc. of Greater Atlanta withholds the right to dismiss a participant from the program.*

Evaluation

Girls Inc. of Greater Atlanta is dedicated to providing high quality, intentional programming that moves girls forward to become strong, smart and bold women. To continue improving our programming to meet these goals, we utilize several different tools to evaluate the effectiveness of our programs. In addition, information from these evaluations is used to secure additional funding for our programs which help keep costs low for our parents.

These tools include, but are not limited to, summer pre- and post-surveys taken by participants to measure content knowledge such as a survey of career opportunities that measures the effectiveness of Girls Inc. Spring Break career exploration and literacy tests that measure how effectively our program combats summer learning loss. These outcomes may also be measured by collecting materials produced by girls over the course of the summer. In addition, our staff will make observations regarding participants' skills, attitudes, and knowledge and how they change over time. All evaluation materials, such as surveys, will be kept confidential. Any reporting done will be at the group level (i.e., 80% of girls...). Individual results will not be shared.

Belongings & Coming Prepared for the Day

Participants are expected to come prepared for all activities that take place during Girls Inc. Spring Break. This means they need to wear comfortable clothes and shoes that they can move in. **Please do not wear any shoes that girls cannot run and play in.** Participants will not be allowed to remove shoes for activities, and if they are not appropriately dressed, they will not be able to participate. Participants are responsible for all items they bring to camp. Girls Inc. of Greater Atlanta is not responsible for any lost or stolen items including, but not limited, to money, phones, or electronics.

Program Expectations

Girls Inc. strives to provide a fun and educational experience. We expect girls who enroll in our Girls Inc. programs to have a positive attitude and a willingness to try new things. **Please help us emphasize that they must act responsibly, participate in a positive manner and respect everyone, especially the program facilitators and staff.** Major behavior violations such as cursing, name calling, “mean girl” practices, fighting, bullying, or insubordination will be handled by our administrator and may lead to suspension.

Report Card Policy

We conduct program evaluations and collect report cards to receive funding provided through various grants. If we do not have the information required, we are no longer eligible for the grants, which will in turn drive up your costs.

Payment Policies

Tuition Fee: The tuition fee is \$75 for the week.

Tuition Responsibilities: There will be no tuition refunds if a participant does not attend due to illness, transportation issues, or other unforeseen circumstances. Refunds will also not be issued if the participant is dismissed due to behavior. **The participant will not be allowed to attend if registration is not completed in full.**

Payment Option: You may pay your tuition fees through PayPal on our website at www.girlsincatl.org or Cash App (\$girlsincatl) or by calling Bridget Trawick at 678-686-1740 ext. 229 to take payment via phone. No cash or checks will be accepted in person.

***Please make sure you include your child’s name when making payments.**

Late Pick-up: Girls Inc. Spring Break closes at 5:00 PM. Late pickup fees begin to accrue at 5:05 PM, after which you will be assessed a fee of \$1.00 for every minute you are late. Late pickup fees are due within one week of when they are incurred. In the event of consistent late pick-ups, or extremely late pick-ups Girls Inc. reserves the right to increase fees or even dismiss participants from the program.

Scholarships

Scholarships are available based on need as assessed by family income and size. Once you have completed your application our staff will contact you within 3 business days to inform you of your scholarship. You may submit your application without the tuition fee if you first need to know your scholarship rate before committing to registering, however no space will be held for your child until the tuition fee is paid.

Below are the federal low-income guidelines that are utilized by our funders to determine funding eligibility. **This is for your information only and does not affect your participation in this program.**

CDBG MAXIMUM HOUSEHOLD INCOME LIMITS
FY2020 Income Limits
Effective: July 1, 2020

Household Size	Extremely Low 30%	Very Low-Income 50%	Low Income 80%
1	\$17,400	\$28,950	\$46,350
2	\$19,850	\$33,100	\$52,950
3	\$22,350	\$37,250	\$59,550
4	\$24,800	\$41,350	\$66,150
5	\$26,800	\$44,700	\$71,450
6	\$28,800	\$48,000	\$76,750
7	\$30,800	\$51,300	\$82,050
8	\$32,750	\$54,600	\$87,350

*Source: U.S. Department of Housing & Urban Development [HUD]

Member Information Form

Please Print Clearly!
Participant Information

First Name: _____ Last Name: _____

Date of Birth: _____ Age at start of Summer: _____

New or Returning Member: _____

Grade Starting in Fall 2021: _____ School: _____

City: _____ State: _____ School District: _____

You will be provided with two T-shirts for field trips, please choose a size that ensures they fit all summer.

T-Shirt Size (Circle): YSM YM YL AS AM AL AXL AXXL

If different than parents/guardians - girls who have their own phone or email address especially high school girls.

Participant's Phone #: _____ Participant's Email: _____

How did you hear about Girls Inc.? _____

Medical & Behavioral Information

Please list any medical information we should be aware of including any **allergies, medications, diagnoses or other concerns.**

Please include any way these conditions or behaviors may need addressed or accommodated. For example, if your child has been diagnosed with ADHD and/or Autism, please describe behaviors we should expect to see or if there are behavior modification techniques (incentives or disciplines) used at home or at school. This will help us work with you as a team to help your child succeed and ensure that your child receives consistent messages to avoid confusion. Please attach additional information or discuss this with us as necessary.

Contact Information Form

Primary Parent or Guardian Contact During the Summer

First Name: _____ Last Name: _____

Relationship to participant: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Best phone # to reach you: _____ Phone Type: _____

2nd phone # to reach you: _____ Phone Type: _____

Secondary Parent or Guardian Contact During the Summer

First Name: _____ Last Name: _____

Relationship to participant: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Best phone # to reach you: _____ Phone Type: _____

2nd phone # to reach you: _____ Phone Type: _____

Other contacts authorized to pick up child.

(Please limit to no more than 3 authorized pickups besides parents or guardians)

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

I have provided Girls Incorporated of Greater Atlanta with all necessary medical information and can be reached at the numbers listed. I acknowledge and accept the risk for any accidents or injuries arising by reason of participation in the program, by myself or the person who is shown as the "participant." I agree to indemnify and hold harmless Girls Incorporated of Greater Atlanta officials, staff, officers, volunteers, and community partners harmless from any accidental injury or loss of property that may occur to the participant or myself while participating in any of Girls Incorporated of Greater Atlanta's programs. **I further give consent for pictures of the participant or materials produced by the participant to be used by Girls Incorporated of Greater Atlanta or our partners for program documentation, marketing, and promotional materials.**

Parent/Guardian Signature: _____ Date: _____

Emergency Treatment Permission

Please provide the best way to reach you, as well as any relevant information that staff may need to know in an emergency.

I _____ give permission for my daughter to receive emergency medical treatment and hospitalization, if necessary and understand payment will be my responsibility. If I cannot be reached, I give permission for Girls Inc. staff to contact and discuss the situation with the emergency contacts listed below.

Participant's Name: _____

Parent/Guardian's Name: _____ Relationship to Participant: _____

Parent/Guardian Signature: _____ Date: _____

Contact Number 1: _____ Contact Number 2: _____

Additional Emergency Contact

Contact Name: _____ Relationship to Participant: _____

Contact Number 1: _____ Contact Number 2: _____

Additional Emergency Contact

Contact Name: _____ Relationship to Participant: _____

Contact Number 1: _____ Contact Number 2: _____

Insured Name: _____ Insured Birthdate: _____ -

Medical Insurance provider: _____

Group Number: _____ **Policy Number:** _____

Other relevant emergency information (medicine allergies, specific instructions, etc.):

Girls Inc. Medication Permission

For safety reasons and legal purposes, staff is not allowed to dispense prescription or non-prescription medication. Whenever possible, please administer necessary medications before or after coming to Girls Inc. However, if your daughter has prescribed medication that needs to be administered during the time, she is present at the center, your daughter will be allowed to administer her own medications when necessary. Administration of medication includes but does not limit to taking her own inhaler and/or opening her dispenser and taking her own capsules or pills. All medication must be in its original container and should state your daughter's name and instructions. Medications that do not follow original descriptions or are found inconsistent with instructions from their original dispenser (such as different color, different marks, different shapes) will not be accepted.

Child's Name: _____ Parent/Guardian's Name: _____

Child's Group (please circle): Freshman Sophomore Junior Senior Grad

Medication Name: _____

Medication instructions and any other important information:

By signing this form, I certify that I agree with the Girls Inc. policies and procedures regarding medication. I also certify that the child mentioned above understands and is capable of administering her own medication/(s) without any assistance from Girls Inc. faculty and staff.

Parent/Guardian Signature: _____ Date: _____

Demographics

Answers in the next section are used to better understand our community and for Girls Inc. to apply for other forms of funding that help keep the cost to you as low as possible. **Your answers WILL NOT affect your child participation, but we do require you answer it completely in order to participate.** Thank you for your assistance in collecting this information!

Please check the boxes that describes the participants racial/ethnic background, if the participant is **multi-racial please select all boxes that apply.**

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hawaiian or Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latina	<input type="checkbox"/> Other (Describe below)
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Middle Eastern	_____

What language(s) is spoken in your home? English Spanish Other: _____

Does your child have any disabilities as identified on the Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) Yes No

Who lives with the participant at home? **Please check one box only.**

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Neither parent (describe below)
<input type="checkbox"/> Father Only	<input type="checkbox"/> One Parent at a Time (Joint Custody)	_____

Please list the name, age, and yearly household income for all members of the Household including parents, children, guardians, and caregivers.

Name	Age	Yearly Income (Monthly income x12)	This Box For Girls Inc. Use Only			
			ID	SS		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
Total Yearly Income		_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Meet Income Eligibility Requirements (DHS)</td> <td style="width: 50%; text-align: center;">Meet Income Eligibility Requirements (CDBG)</td> </tr> </table>		Meet Income Eligibility Requirements (DHS)	Meet Income Eligibility Requirements (CDBG)
Meet Income Eligibility Requirements (DHS)	Meet Income Eligibility Requirements (CDBG)					

Is someone in the household currently receiving: (check all that apply)

Food Stamps TANF Medicaid SSDI SSI Free/Reduced School Lunch

Is the participant a current Georgia Resident? Yes No

Is the participant a US citizen? Yes No

If not a US citizen, are you a legal immigrant? Yes No N/A

Do you have at least one dependent minor child;
under age 18 living with you? Yes No

I, the undersigned, certify that the information shown above is true and accurate to the best of my knowledge. I understand that I may be subject to criminal prosecution for knowingly providing false information to the agency.

Parent/Guardian Signature: _____ Date: _____

Acknowledgement of Girls Inc. Policies

I, _____, parent/guardian of _____, have read and understand the attendance, illness, medication, behavior, evaluation, belongings and payment policies that have been set forth by Girls Inc. of Greater Atlanta and included in pages 1-6 of this registration packet. I acknowledge that it is my responsibility to adhere to all these policies and make all required payments by the stated deadlines, including tuition payments for the camp she registers for regardless of attendance. I acknowledge that I have been informed that this program is not a licensed childcare facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent/Guardian Signature: _____ Date: _____

I have reviewed and explained eligibility requirements and responsibilities of the person who signed this form.

Girls Inc. Staff's Signature: _____ Date: _____

For Girls Inc. Use Only

- Match the gross household income with the family size on the table below.
- Does the household income fall within the guidelines? Yes No
- If the total gross income of the household is at or less than the Federal Poverty Level (FPL) for the household size, the client is considered eligible.

Girls Inc. Staff's Signature

Date

Field Trips/Special Events Permission Form

I _____, hereby give permission for my daughter to attend Girls Incorporated of Greater Atlanta center under the supervision of Girls Inc. staff and participate in field trips, onsite/offsite special events. I understand that activities may have certain unavoidable risk and agree to indemnify and hold harmless Girls Incorporated of Greater Atlanta, staff, volunteers, officers, and partners in case of an accident or injury. If I cannot be reached, I give permission for Girls Inc. staff to contact and discuss the situation with the emergency contacts listed below.

Participant's Name: _____

Parent/Guardian's Name: _____ Relationship to Participant: _____

Parent/Guardian Signature: _____ Date: _____

Contact Number 1: _____ Contact Number 2: _____

Additional Emergency Contact

Contact Name: _____ Relationship to Participant: _____

Contact Number 1: _____ Contact Number 2: _____

Additional Emergency Contact

Contact Name: _____ Relationship to Participant: _____

Contact Number 1: _____ Contact Number 2: _____

Insured Name: _____ Insured Birthdate: _____ -

Medical Insurance provider: _____

Group Number: _____ Policy Number: _____

Other relevant emergency information (medicine allergies, specific instructions, etc.):
