

Office use only
 SID# _____
 Enter Date: / / _____
 Exit Date: / / _____
 Staff's Signature: _____

**Girls Incorporated of Alameda County
 Program Enrollment**

Name of Program Concordia Park Center Date ____/____/____

Participant Name _____ Date of Birth ____/____/____

School (check one): Bret Hart Bridges Coliseum College EC Reems EOLA Explore Frick Howard
 Havenscourt Lockwood Markham Melrose Millsmont Roots Woodland Grade _____

Street Address _____ City _____ Zip _____

Parent/Guardian Information

1. Primary Guardian _____ Relationship _____

Day Phone () _____ Cell Phone () _____ Evening Phone () _____

2. Other Primary Guardian _____ Relationship _____

Day Phone () _____ Cell Phone () _____ Evening Phone () _____

Please fill out all of the following information below. This information is confidential and will be kept anonymous.

Participant Age

- 0 - 5 years
- 6 - 8
- 9 - 11
- 12 - 14
- 15 - 18

Participant Race/Ethnicity (check only one line)

- African American
- American Indian
- Asian American
- Caucasian
- Hispanic (see attached form)
- Middle Eastern
- Multi-Ethnic
- Pacific Islander

Participant Residency

- Berkeley
- Castro Valley
- City of Alameda
- Hayward
- Oakland
- San Leandro
- San Lorenzo
- Union City
- Homeless
- Other _____

Annual Household Income

of People Living in the Household: _____

Annual Household Income \$ _____

Form of Income (check one) **Please attach copy**

- Current State or Federal Tax Return
- W2 Forms
- Child Support
- Settlement
- Disability
- General Assistance
- Retirement
- Current Pay Stub (circle one) hourly/ weekly / bi-monthly / monthly

Participant lives with

- Both parents
- Mother only
- Father only
- Guardian(s)
- Parent & Step-parent
- Grandparent(s)
- Foster care
- Other _____

Parent/Guardian has lived in the U.S.

- Less than 2 yrs.
- 2 - 5 yrs.
- 5 - 10 yrs.
- 10 - 15 yrs.
- 15 - 20 yrs.
- more than 20 yrs.

Parent/Guardian Highest Level of Education

Completed

- Middle School
- Some high school
- High school degree
- Vocational/Technical Training
- Two year college degree
- Bachelor's degree
- Graduate degree
- Other _____

Primary Language Spoken at Home:

- English
- Spanish
- Other _____

Does the participant qualify for:

- Free Lunch
- Reduced Lunch
- Neither

 Parent/Guardian's Signature / Date



Girls Incorporated® of Alameda County
Medical and Emergency Information
Medical Care Authorization

Name of Program Concordia Park Center

Participant Name _____ Date of Birth ____/____/____

Address _____ City _____ Zip _____

School _____ Grade _____

Parent/Guardian Information

1) Primary Guardian _____ Relationship _____

Day Phone () _____ Evening Phone () _____

Cell () _____

2) Other Primary Guardian _____ Relationship _____

Day Phone () _____ Evening Phone () _____

Cell Phone () _____

Emergency Contact

Person to notify in case of emergency (if parent/guardian cannot be reached)

Name _____ Relationship _____

Day Phone () _____ Evening Phone () _____

Cell Phone/Pager () _____

Doctor/Dentist Information

Doctor and dentist to be called in case of emergency

Doctor _____ Phone () _____

Dentist _____ Phone () _____

Medical Insurance/Health Care Provider _____

Member or Policy Number _____

Medical/Health Information

Does participant have allergies to specific medications:

- Yes** If yes, please specify _____
- No**

Does participant have allergies to specific foods:

- Yes** If yes, please specify: _____
- No**

Does participant have allergies to insect bites:

- Yes** If yes, please specify: _____
- No**

List any medication(s) taken daily by participant:

Does participant administer the medication herself? _____

Girls Inc. staff may give my daughter Tylenol, Aspirin or Ibuprofen as needed:

- Yes** If yes, specify dosage allowed: _____
- No**

Does participant have any chronic or recurring illness, such as asthma?

Please list date of last tetanus immunization, if known: _____

List any other health issues/medical conditions we should know about, such as car sickness, nose bleeds or heat sensitivity: _____

Are there any activities your daughter should not participate in? Please explain: _____

**Girls Incorporated® of Alameda County
Liability Agreement Release**

I hereby authorize, as parent or legal guardian, for _____
(Participant's name)

to participate in Girls Inc. Programs. In consideration for this participation, I do hereby, for myself and my heirs and assigns, release and agree to indemnify and hold harmless Girls Incorporated of Alameda County, its employees, and volunteers from all liability, loss, claim, demand, action or cause of action which arises or may arise or be occasioned in any way by such participation. I also release and hold harmless Girls Incorporated of Alameda County, its employees and volunteers from all liability, loss, or claim which may occur in transporting my child for the purposes of participating in any Girls Inc. activity.

In the event of any injury or accident, I authorize emergency medical treatment for my daughter when I cannot be immediately contacted.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Please print) _____



ERROR: undefined
OFFENDING COMMAND: f`

STACK: