

GIRLS INCORPORATED®
OF LIMESTONE, ALGONQUIN AND LAKESHORE
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GIRLS ED AT THE WALLY ELMER NEIGHBOURHOOD CENTRE
REGISTRATION FORM

Child's Name: _____ Date of Birth: _____

Home Address: _____

Postal Code: _____ Phone Number: _____

School Attending: _____ Grade: _____

Name of Parent/Guardian(s): _____

Relationship to Child: _____ Phone Number: _____

Cell Phone Number: _____ Work Number: _____

Email Address: _____

Emergency Contact (Not Parent or Guardian): _____

Relationship to Child: _____

Daytime Phone Number: _____ Cell or Alt. Phone: _____

Medical Information: Doctor: _____ Phone: _____

Child's Health Card Number: _____

Please list food or other allergies and any health concerns or limitations:

MEDICAL PERMISSION:

I give permission for my child _____ to receive emergency treatment and/or hospitalization if necessary. I understand that all efforts will be made to contact me.

Signature of Parent/Guardian

Signature of Witness

Date

Date

FOR OFFICE USE ONLY

Membership Number: _____ Reg. Date: _____ New Existing Client

PROGRAM DESCRIPTION:

Girls Ed at the Wally Elmer Neighbourhood Centre

Participant girls will be supervised by Girls Inc. Staff at the site during official program times which are Monday, Tuesday and Thursdays from 2:30 to 5:30. All activities will take place at the Wally Elmer Centre and in the surrounding park area. Girls Inc. social work staff will deliver programs and workshops that are fun and informative and will include recreational activities, cooking and snack time, social activities, educationally-focused craft activities, hands-on experiments, and much more. All workshops will be delivered in an age-appropriate manner.

TRANSPORTATION:

This program includes a walking group to ensure participant safety to and from the Centre for Girls going to school and/or living within a 15 minute walk from the Centre. Are you interested in your daughter participating in the walking group? ____ YES ____NO

Girls Inc. will not be able to provide transportation for Girls going to school and/or living further than a 15 minute walk from the Centre. However, we welcome these girls to our program. If you live outside of these boundaries, how will your daughter get to and from the program site?

PROGRAM PERMISSION:

I _____ grant permission for _____ to participate in the Girls Inc. After School Program at the Wally Elmer Neighbourhood Centre. I also give consent for my daughter to be off-site as described above, under the supervision of Girls Inc. staff members, and I release and discharge Girls Incorporated of Limestone, Algonquin and Lakeshore, its employees, volunteers, board members, and their heirs, from any claims, demands or actions arising out of any matter related to the described program.

Signature of Parent/Guardian

Signature of Witness

Date

Date

MEDIA PERMISSION:

I give permission for my daughter to appear in Girls Incorporated® publications and understand that there may be occasions where pictures or videos of my daughter will be taken. These photos will be used for public relation purposes, newsletters, brochures, annual reports, radio, television, newspapers, and on the Girls Inc. website. I understand that my daughter's surname will never be used in publication of any kind.

Signature of Parent/Guardian

Signature of Witness

Date

Date