

# 2019 Young Women's Leadership Camp

OFFICE USE ONLY
WEEKLY FEE: _____
CACFP: _____
CENTER: _____

DATE OF ENROLLMENT: \_\_\_\_\_

LAST NAME	FIRST NAME	/	/	AGE
STREET	CITY/TOWN	STATE	ZIP	HOME #
MOTHER'S/GUARDIAN NAME		FATHER'S/GUARDIAN NAME		
EMPLOYER		EMPLOYER		
HOME ADDRESS		HOME ADDRESS		
WORK #	CELL #	WORK #	CELL #	

## CONSENTS

I authorize **Girls Inc. of New Hampshire** to contact the following person(s) who will assume responsibility for my child in the event I can not be reached immediately in an emergency:

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

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

I authorize **Girls Inc.** to release my child to the following individuals other than parent or guardian:

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

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

I authorize Girls Inc. staff to administer basic and temporary first aid to my child if necessary. In the event of a serious injury I give Girls Inc. permission to transport my child to a hospital or other emergency facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by Girls Inc. personnel as soon as possible regarding any emergency involving my child.

Yes  No

I give my child permission to attend local outings as part of the daily activities of Girls Inc. program. (Park, playground, library, etc.)

Yes  No

I authorize Girls Inc. to publish my child's name and photograph in the newspaper, Girls Inc. social media outlets, newsletter, web page or other promotional publications/video.

Yes  No

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**Parent/guardian Email Address:** \_\_\_\_\_

Girls Inc may send emails about upcoming events, registration information, etc, to keep parents informed. We will not sell your information or use it for anything other than Girls Inc business.

**Medical Information**

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**2019 Summer Enrollment**

To enroll your child in our Summer Camp, please check the weeks below that you are requesting. Please be aware that you will be charged for these weeks regardless if your child attends or not. We **MUST** be notified in writing **30 days** prior to withdraw your child to avoid being charged.

**Registration fee:** \$25 per application for Summer Camp - **NON-REFUNDABLE**

**Tuition:** Young Women's Leadership Camp is 6 weeks starting on July 8<sup>th</sup> but girls can attend regular camp for the first 2 weeks. \$150 a week is our full-time rate, however we accept New Hampshire Child Care Scholarship and use a sliding fee scale to determine a weekly fee for each family. Income eligible applicants must complete a financial aid form and attach all required documents.

- |                          |                          |                            |                          |
|--------------------------|--------------------------|----------------------------|--------------------------|
| 1. Week of June 24, 2019 | <input type="checkbox"/> | 5. Week of July 22, 2019   | <input type="checkbox"/> |
| 2. Week of July 1, 2019  | <input type="checkbox"/> | 7. Week of July 29, 2019   | <input type="checkbox"/> |
| 3. Week of July 8, 2019  | <input type="checkbox"/> | 8. Week of August 5, 2019  | <input type="checkbox"/> |
| 4. Week of July 15, 2019 | <input type="checkbox"/> | 8. Week of August 12, 2019 | <input type="checkbox"/> |

Girls Inc. will be closed on **Thursday, July 4, 2019 and Friday, July 5, 2019**. Only full pay accounts will be adjusted for the closure.

Camp ends on Friday, August 16, 2019. Any additional weeks will be available for girls enrolled in our 2019/2020 After School Program.

**To secure enrollment, please return this completed application and payment authorization form, including a copy of a credit card or voided check with your \$25 registration fee.**

**I understand that the registration fee is non-refundable. Completion of the payment authorization form is required unless total summer camp fees are paid in full by cash or check prior to June 7, 2019. I further understand that my child is not fully enrolled and may not attend until my child's physician has completed a medical form/immunizations and payment authorization form.**

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

\_\_\_\_\_  
Date

## Registration Information

**Registration may be made in person or by mail** for Girls Inc. Summer Camp in Nashua and Manchester. A non-refundable \$25.00 registration fee and completed payment authorization form, including a copy of a credit card or voided check is required for participation. **Space is limited.**

### Financial Assistance

Financial assistance is available to families who qualify. Eligibility is based on financial need and will require proof of income including employer paystubs, child support verification, etc. and completion of a Financial Aid Form. Girls Inc. will notify parents if/when they are approved for assistance. Those who may qualify for NH State Child Care Assistance will be required to complete Form 1863. Girls Inc. must be linked prior to start date. All necessary paperwork must be completed prior to enrollment.

### Late pick-up fees

Any families with late pick-ups will be charged \$5.00 for the first 5 minutes, per child and then \$1 a minute thereafter. Excessive late arrivals may result in termination from the program. This fee is required at the time of pick up.

### Returned Check Fee

Girls Inc. policy states that there is a \$10 returned check/EFT fee. This fee will be automatically charged to your account plus the amount of the returned check/EFT. Please see Payment Authorization form for more information.

### Health Forms

The State of New Hampshire requires that all campers have a completed health form on file at the center prior to attending the program. This form requires all immunization dates and a physical exam with a physician's signature within two years prior to attending camp. **Health forms are due no later than the Wednesday before the child begins the program.** A copy of the school health form including immunizations, if current, is acceptable.

### Licensing statement

The licensing authority for this program is the Bureau of Licensing and Certification, Child Care Licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available online at <https://nhlicenses.nh.gov/verification/search> or by calling the bureau at 603-271-9025 or 1-800-852- 3345, extension 9025. During visits to programs, licensing staff speak with children regarding the care they receive at a program if in the judgement of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during conversations with licensing staff and at no time will a child be forced to speak with a licensing coordinator. If licensing staff believes your child may have specific information regarding an alleged event at the program and determines it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- I give permission for child care licensing staff to interview my child at the child care program separate from his or her class or group.
- I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from his or her class or group.
- I do not give permission for child care licensing staff to interview my child at the child care program separate from his or her class or group.

**I have read and fully understand the above policies.**

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

# Demographic Information

**Girls Inc. of New Hampshire** would like to thank you for assisting us with the collection of the following information. We respect your privacy and have included no identifying information. This information is solely for collection and analysis, as a tool to help us better understand the diversity of our community.

What is your child's racial background?

Asian American or Pacific Islander	
Black or African American	
Hispanic or Latina	
Native American or American Indian	
White, European American or Anglo	
Multiracial/Mixed Heritage	
Other	

What language(s) is most often spoken at home?

English	
Spanish	
French	
Other _____	
Other _____	
Other _____	

Who lives with the child at home?

Two parents	
Mother only	
Father only	
One parent at a time (Joint Custody)	
Neither parent (e.g. Foster home, grandparent)	
Parent in Military	

What is your family income?

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

Public Housing   
Section 8

# Confidential Scholarship/Financial Aid Application

Head of Household \_\_\_\_\_

LAST NAME

FIRST NAME

Telephone # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY

STATE

ZIP \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

LIST ALL MEMBERS OF YOUR HOUSEHOLD	DATE OF BIRTH	CURRENTLY WORKING? <u>YES OR NO</u>	TOTAL GROSS MONTHLY INCOME (INCLUDING CHILD SUPPORT)

Are you currently in a training or school program? \_\_\_\_\_

If YES, where? \_\_\_\_\_

I certify, under penalty of perjury, that the above information is correct and complete to the best of my knowledge. I will immediately report to Girls Incorporated of New Hampshire any change in income or family size.

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

## Payment Authorization Form

2019 Summer Camp

Center \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

I hereby authorize Girls Inc. of New Hampshire to initiate credit entries and if necessary, to initiate any debit entries to correct erroneous credit entries to my (our) account indicated below and the financial institution indicated below. This authority is to remain in full force and effect until Girls Inc of New Hampshire has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Girls Inc. of New Hampshire and depository a reasonable opportunity to act on it. **A \$10 fee will be charged each time to accounts whose weekly fee is declined/returned.**

Payments will be deducted weekly on **Mondays for each week you have enrolled**. In the event the payment is declined, another payment will be charged the NEXT day with the additional \$10 fee. A second decline requires immediate action to continue at Girls Inc. Summer Camp.

**Please initial** \_\_\_\_\_

Parent/Guardian/ Card holder Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone number \_\_\_\_\_

CIRCLE ONE: Mastercard / Visa / Checking / Savings

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3- digit Security Code \_\_\_\_\_

**OR complete the info below for checking/savings account withdrawal. A voided check must be attached.**

Bank Name \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account # \_\_\_\_\_

CIRCLE ONE: Checking / Savings

**PLEASE TURN OVER**

Billing Cycle: WEEKLY on Mondays for ALL weeks child is enrolled.

Amount per Cycle: \_\_\_\_\_

Please check weeks you are enrolling for Summer Camp. These weeks will be charged UNLESS written notice 30 days prior is submitted to the Director.

- 1. Wk of June 24, 2019
- 2. Wk of July 1, 2019
- 3. Wk of July 8, 2019
- 4. Wk of July 15, 2019
- 5. Wk of July 22, 2019
- 6. Wk of July 29, 2019
- 7. Wk of August 5, 2019
- 8. Wk of August 12, 2019

Total cost of 2019 Summer Camp: \_\_\_\_\_

Full payment before APRIL 12, 2019- 20% DISCOUNT -signed PAF not necessary  Please check

Full payment on or before Friday, June 7, 2019- signed PAF not necessary  Please check

Director signature if paid in full: \_\_\_\_\_

Method of Full payment: \_\_\_\_\_

I fully understand the above information

\_\_\_\_\_  
Parent/Guardian/Card holder signature: Date

**PLEASE INITIAL IF YOU WOULD LIKE THE \$25 REGISTRATION FEE WITHDRAWN FROM ACCOUNT LISTED**

**\_\_\_\_\_ INITIAL DATE YOU WOULD LIKE IT WITHDRAWN: \_\_\_\_\_**

## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (CHILD CARE/FDCH)

<b>PART 1. ALL HOUSEHOLD MEMBERS</b>							
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of each child's school /or indicate "NA" if child is not in school	Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form.					Place a check in the box if NO income
		Foster	Homeless	Migrant	Runaway	Head Start	

**PART 2. BENEFITS:** If any member of your household receives SNAP or TANF ASSISTANCE, provide the name and case number for the person who receives benefits and skip to part 4. If no one receives these benefits, skip to part 3.  
 NAME: \_\_\_\_\_ PROGRAM NAME \_\_\_\_\_ CASE NUMBER: (NOT EBT CARD#) \_\_\_\_\_

**PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS).** List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

1. Name  (list <b>only</b> household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																
	Earnings from work before deductions	Welfare, child support, alimony				Social Security, SSI, VA, retirement benefits				All other income (such as Unem- ployment) benefits							
		Weekly	Every 2 Weeks	Twice Monthly	Monthly	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	\$200	X			\$150		X		\$0				\$0				
	\$				\$				\$				\$				
	\$				\$				\$				\$				
	\$				\$				\$				\$				
	\$				\$				\$				\$				
	\$				\$				\$				\$				
	\$				\$				\$				\$				

**PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN):** An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Last four digits of Social Security Number: \*\*\* - \* \* - \_\_\_\_\_  I do not have a Social Security Number