



GIRLS INC SUMMER CAMP APPLICATION
SUMMER 2018

Date: _____

1. Child's First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Grade (fall 2018): _____ School (fall 2018): _____

Race/Ethnicity: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Child's Cell Phone # & Email: _____

Child Lives With: ___ Father ___ Mother ___ Step Parents ___ Foster ___ Legal Guardian

___ Other (if so, please explain) _____ # of People in Home: _____

Primary Language Spoken At Home: English Spanish Other: _____

PARENT(S)/GUARDIAN INFORMATION

Parent/Guardian Name(s): _____

Email: _____

Cell Phone #: _____

Parent's Work Phone #: _____ Alternate phone#: _____

Parent's Employment: _____ Job Title: _____

Person(s) authorized to pick up your child/Emergency Contacts: (Person must show picture I.D.)

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

ALLERGIES/MEDICAL CONDITIONS:

Asthma: Carries Inhaler? Yes No

Diabetes: Carries Insulin? Yes No

Vision/Hearing: Wears Glasses? Yes No

Bee Sting Allergy: Carries Epi-pen? Yes No

Food Allergies – please list: _____

Other: _____

Physical or Mental Disabilities: _____

Is Your Child In Counseling? _____

Other Miscellaneous Information We Should Know About You Child: _____

How Did You Hear About Girls Inc? _____

We have been asked by our funding sources to provide information on our participants' family income. Please be assured that we regard this as confidential information. It is used for

STATISTICAL PURPOSES ONLY. Please circle the amount of your family income year.

Less than \$5,000 \$5,000 – \$10,000 \$11,000 – \$20,000 \$21,000 – \$30,000

\$31,000 – \$45,000 \$46,000 – \$55,000 More than \$55,000

PAYMENT PLAN

Pay a weekly amount of \$75 per girl.

OR

Pay full amount up front (by June 1st) and get a discount! \$600 for all 10 weeks! That's a \$150 saving!

***There is a \$35 non-refundable registration fee per girl due upon receipt of application.**

3 Ways to Pay:

1. Log on to www.girlsinc-wcc.org and pay by clicking on donate.
2. Call the office and pay credit card 510-232-5440
3. Mail payments to:

Girls Inc. of West Contra Costa County

260 Broadway, Richmond, CA 94804
510-232-5440 OFC. 510-215-1110 FAX
www.girlsinc-wcc.org

office use only:

girl's name: _____ Parent/caregiver's name _____

circle payment option: 1. 2. 3.

Date received _____

Date registration payment/form received _____

Received by (staff's name) _____

