



**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 1<sup>st</sup>) 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](http://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](http://www.girlsinc-wcc.org)

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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) \_\_\_\_\_