



Inspiring all girls to be strong, smart, and bold

Girls Incorporated® of Northern Alberta

Unit #21B, 10019 MacDonald Ave. Fort McMurray, Alberta, T9H 1S9 www.girlsincofnorthernalberta.org

Tel: (780) 790-9236

PROGRAM REGISTRATION

This form is confidential when complete.

Date: [] Program Name: []

New to Girls Inc. Programs Returning to Girls Inc. Programs

School: []

Grade: []

Girl's First Name: [] Girl's Last Name: []

Date of Birth: YYYY-MM-DD [] Age: [] Ethnic Background: []

Address: [] City: [] Postal Code: []

Girl's Email: [] Home Phone #: []

Family Information

Who does Child live with: []

Does your child have any siblings? Yes No

If Yes, please list sibling(s) Name, Age, and Gender: []

Mother / Guardian Full Name: [] Phone Number: []

Address [] Alternate #: []

City [] Prov. [] Postal Code: [] Email: []

Place of Work: [] Work Phone #: []

Father / Guardian Full Name: [] Phone Number: []

Address [] Alternate #: []

City [] Prov. [] Postal Code: [] Email: []

Place of Work: [] Work Phone #: []

How do you prefer to receive updates about Girls Inc. programming: (please check all that apply)

Mail Email Email Address: []

Would you like to subscribe to our e-newsletter for information on events, programs , etc.?

Yes No

Medical Information

Alberta Health #: Doctor's Name:

Does your child have any allergies or medical issues that we should be aware of?(Please specify)

Does your child have any learning or behavioural challenges? (please check all that apply)

- ADD
- ADHD
- Depression
- FASD
- OCD
- ODD
- Manic Depression
- Other (Please Specify)

Emergency Contact

Emergency Contact: Emergency Contact Relationship: Emergency Contact Phone Number:

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People permitted to pick up your child:

People not permitted to pick up your child:

For statistical purposes only, we ask for your combined annual income. This information will be kept confidential:
(Place checkmark in appropriate box)

- Under \$12,000.00
- \$12,500.00 to \$25,000.00
- \$25,000.00 to \$37,500.00
- \$37,000.00 to \$50,000.00
- Over \$50,000.00

WAIVER

I, , hereby give permission for , to become a part of Girls Inc. programs, including participation in field trips and other outings. I also agree that my child may take part in a study of this program to find out if it is helping girls as much as possible. I also understand that I may be asked to take part in the study. In consideration of the organization permitting her to participate in such; I waive all demands and rights of legal action we may have on our behalf or on her behalf against Girls Inc. of Northern Alberta or any of its employees or agents as a result of the negligence or any other act of omission of Girls Inc. of Northern Alberta or its employees or agents. I hereby give my permission/authorization for Girls Inc. of Northern Alberta to take photos of my child and to keep copies, prints and negatives for program use.

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 Date:

Thank you for completing this form. For more information on our organization please visit www.girlsincofnorthernalberta.org or call (780) 790-9236

