



# REGISTRATION FORM

## VA Boys Leadership Alliance

In partnership with Girls Incorporated of the Greater Peninsula

331 Big Bethel Road

Hampton, VA 23666

Phone: 757-727-6945 Fax: 757-727-6946

Email: [info@vaboysla.com](mailto:info@vaboysla.com) Website: [www.vaboysla.com](http://www.vaboysla.com)

Name of Child: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
First M.I. Last Nickname

School: \_\_\_\_\_ Grade: \_\_\_\_\_ SSN (last 4): \_\_\_\_\_  
Name of School

Site Attending:  **Tri-Cities**  
(Please check one) 5905 Portsmouth Blvd  
Portsmouth, VA 23701

**Central**  
331 Big Bethel Road  
Hampton, VA 23666

START DATE: \_\_\_\_\_  **Re-Enrollment**  
(Month/Day/Year)

Normal Days In Attendance: (Check all that apply)  M  T  W  TH  F

Session:  **After School (2-6 PM)**  **Before School (6-9 AM)**  **Summer Camp**  **L.I.F.T.**

Please explain any unusual circumstances related to child's attendance at center:

\_\_\_\_\_  
\_\_\_\_\_

Mother/ Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: [Home] \_\_\_\_\_ [Work] \_\_\_\_\_ [Cell] \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Father/ Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: [Home] \_\_\_\_\_ [Work] \_\_\_\_\_ [Cell] \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

**You are not required to answer the following:**

Please mark one of the following ethnic identities: [ ] Hispanic or Latino [ ] Not Hispanic or Latino

Please mark one or more of the following racial identities:

[ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] Native Hawaiian or Pacific Islander [ ] White

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# EMERGENCY CONTACT FORM

## CHILD'S MEDICAL INFORMATION

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

Medications: \_\_\_\_\_

Mental and/or Behavioral disorders or conditions: \_\_\_\_\_

Health problems, special conditions, disabilities, allergies, or medical information for emergency situations:

\_\_\_\_\_

*\*Please provide a copy of your child's insurance card*

## EMERGENCY CONTACTS (other than parent/guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ [Home/Cell/Work] Alt Phone: \_\_\_\_\_ [Home/Cell/Work]

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ [Home/Cell/Work] Alt Phone: \_\_\_\_\_ [Home/Cell/Work]

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ [Home/Cell/Work] Alt Phone: \_\_\_\_\_ [Home/Cell/Work]

## PICK UP AUTHORIZATION (must have proof of identity)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*\*\*PERSONS NOT AUTHORIZED TO PICK UP\*\*\*** [Please list any person NOT AUTHORIZED to pick-up your child]

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**\*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.**

NOTE: Section 22.1-4.3. of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center shall not be denied the opportunity to participate in any of the student's school or day care activities in which such participation is supported or encouraged by the policies of the school or day care center solely on the basis of such noncustodial status and shall be included, upon the request of such noncustodial parent, as an emergency contact for the student's school or day care activities. For the purposes of this section, "school or day care activities" shall include, but shall not be limited to, lunch breaks, special in-school programs, parent-teacher conferences and meetings, and extracurricular activities. It is the responsibility of the custodial parent to provide the court order to the school or day care center.

## Parent/Legal Guardian Consent and Agreement for Emergencies

*As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and during reenrollment periods.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Family Demographics



Please fill out this form to tell us some basic things about your family. The information provided will be kept confidential. The information will be used to provide funders and other stakeholders the demographics of program participants in order to keep programs like this one up and running. Thank you.

1. Child's name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_
2. City child currently lives in: \_\_\_\_\_
3. Child's Race/Ethnicity (circle all that apply):  
African-American Asian Caucasian Hispanic/Latino Native American Other (specify) \_\_\_\_\_
4. Name of School: \_\_\_\_\_ Grade \_\_\_\_\_
5. Does your child receive a free or discounted school lunch?  Yes  No
6. Parents/Guardian Name: \_\_\_\_\_
7. Does mother work for pay?  Yes  No Mother's Job: \_\_\_\_\_
8. Does father work for pay?  Yes  No Father's Job: \_\_\_\_\_
9. Does child live with:  Mother only  Father Only  Two Parents  Other (specify) \_\_\_\_\_
10. How many people are in your family? \_\_\_\_\_
11. How many other children in your household participate in this program? \_\_\_\_\_
12. Who is the person that mainly takes care of your child?  
 Mother  Father  Sister  Brother  Grandmother  Grandfather  Stepmother  Stepfather  
 Aunt  Uncle  Friend  Sitter  Relative  Foster Care  Other \_\_\_\_\_
13. Has your child been diagnosed with a physical, mental or learning disability?  Yes  No  
If yes, please describe: \_\_\_\_\_
14. We have been asked by our stakeholders and funding sources to provide a breakdown of our participants' family income: Please be assured that we regard this as confidential information.  
Check the amount of your family income for the last year:  

<input type="checkbox"/> Less than \$5000	<input type="checkbox"/> \$15,001 - \$20,000	<input type="checkbox"/> \$35,001 - \$50,000
<input type="checkbox"/> \$5,001 - \$10,000	<input type="checkbox"/> \$20,000 - \$25,000	<input type="checkbox"/> \$50,001-\$75,000
<input type="checkbox"/> \$10,001 - \$15,000	<input type="checkbox"/> \$25,001 - \$35,000	<input type="checkbox"/> \$75,001-\$100,000

**Thank you for completing this survey!**

### CACFP MEAL BENEFIT INCOME ELIGIBILITY and ENROLLMENT FORM (Child Care)

#### Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household received SNAP, FDPIR, or TANF cash assistance, provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 5.

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Your School, Homeless Liaison, Migrant Coordinator Homeless  Migrant  Runaway

#### Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income)	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
<i>(Example)</i> Jane Smith	\$200/weekly	\$150/twice a month	\$100/monthly	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

**Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)**  
An adult household member must sign this form. If Part 4 is completed, the adult signing the form must also 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 Privacy Act Statement on the back of this page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_  I do not have a Social Security Number

#### Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

# Parent Agreement Form

The Girls Incorporated of the Greater Peninsula is an informal education after school and summer program where girls in the surrounding communities can be involved in a variety of activities and enrichment programs under the supervision of qualified life coaches. To ensure that the informal **education learning environment is safe and fun for all participants, the following standards are being implemented.** Please read each standard and initial next to each number once you fully understand the standard's meaning and purpose. Thank you for your cooperation and attention to these important standards. Please do not hesitate to ask a staff representative any questions you may have.

- 1) \_\_\_ I understand that my child/children must be promptly picked up by **6:00 p.m. daily.** Any child left after 6:00 p.m. will be charged a \$10.00 fee every 15 minutes after 6:15 p.m. Late fees accrued will be added to your weekly fee.
- 2) \_\_\_ I understand that weekly payment must be paid one week in advance. Accounts are billed on Thursday and payments are due **each Friday.** *Any account not paid on Friday will result in a **\$10 late fee on Monday.***
- 3) \_\_\_ I understand that failure to satisfy weekly payments will result in a **SUSPENSION** of services.
- 4) \_\_\_ I understand that all returned checks will incur a \$30 charge. Any returned check must be paid in **CASH** only.
- 5) \_\_\_ I understand that the organization reserves the right to discontinue service for all parents who have delinquent accounts. I further understand that any outstanding fees and charges will be subject to collection by a collection agency appointed by the organization.
- 6) \_\_\_ I understand that appropriate dress is required at all times. For safety, closed shoes and loose clothing are preferred. Absolutely no clothing that are excessively baggy or tight; trousers, slacks, shorts worn below waist level; see-through or mesh garments; clothing worn in such a manner so as to reveal underwear, cleavage, or bare skin between the upper chest and mid-thigh.
- 7) \_\_\_ I understand that in the event that my child is ill or has a temperature, I will be notified to pick up my child.
- 8) \_\_\_ I give permission for my child to be administered basic first aid in the event of an injury.
- 9) \_\_\_ I understand that in the event of inclement weather the program will be closed. Please refer to your local school television channel. The after school program operates in accordance with the schedule of the local public school system.
- 10) \_\_\_ I understand that if I wish for my child to attend any field trips. I must give my permission by signing a consent form authorizing my permission for my child to attend.
- 11) \_\_\_ I understand that the organization is ***not responsible*** for personal items left, lost or damaged at the programming site such as the following: books, clothing, money, iPods, cell-phones, MP3 players, CDs, DVDs, Cameras, laptops, as well as, any other electronic device. **We highly recommend that such named items not be bought to the center. ABSOLUTELY NO CELL PHONES ARE TO BE USED BY STUDENTS IN THE CLASSROOMS.**

- 12) \_\_\_\_ I understand that if any child has a weapon of any kind in their possession, it will be reported to the police department and they will be expelled from the program.
- 13) \_\_\_\_ **I understand that the organization operates on the same schedule as the local public school, except during summer camp.**
- 14) \_\_\_\_ I will not hold the organization responsible for any injuries that may occur during my child's participation in this program, although, all precautions will be taken to prevent such injuries.
- 15) \_\_\_\_ I give the organization permission to take pictures and to videotape my child while participating in various activities for marketing purposes.
- 16) \_\_\_\_ I give the organization permission to administer pre/post surveys before and after each program to evaluate the impact of our program services.
- 17) \_\_\_\_ I give the organization permission to make a copy of my child's school report card, progress report and/or SOL scores to evaluate the impact of their participation in the program on their school academic process.
- 18) \_\_\_\_ I understand that on days that my child will be absent from the program I am required to complete an absentee form or call the office to notify staff of my child's absence. Failure to communicate absences will result in a \$5.00 penalty fee. Repeated offenses may result in discontinuation of transportation services.
- 19) \_\_\_\_ I declare to the best of my knowledge and belief that my child is in sufficiently good health and physical condition to participate in the program. I agree that my child will, to the best of my knowledge, abide by any physical limitations which limit his/her activity or ability to participate in any program activity.
- 20) \_\_\_\_ I understand that my child is required to wear a program T-Shirt for all field trips. T-Shirts are \$10.00.
- 21) \_\_\_\_ I understand that upon termination of services a withdrawal form **must** be completed and I am responsible for any balance remaining on my account.
- 22) \_\_\_\_ I understand that Girls Inc./ BLA are slot based programs. Therefore, full tuition is required whether my child attends 1 day or all 5 days within the week .

*By initialing the above information, I acknowledge that I have received, read and agree to the terms that have been set forth by Girls Inc. I will abide by the parent agreement standards that have been set forth and I also certify that the information I have provided is true to the best of my knowledge.*

**Name (Printed):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# IDENTITY VERIFICATION FORM

## AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible, if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. \*\*
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

## SIGNATURES

\_\_\_\_\_  
*Parent(s) or Guardian(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Administrator of Center*

\_\_\_\_\_  
*Date*

Date Child Entered Care: \_\_\_\_\_ Date Left Care: \_\_\_\_\_

\*\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

## OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

\_\_\_\_\_  
*Date*

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means. **032-05-252/11 (06/05)**

***\*Two (2) forms of identification for your child is required with for registration***

# Transportation Agreement Form

It is the intent of Girls Inc./VA Boys Leadership Alliance (BLA), to provide a safe transportation experience for your child. The bus/van drivers carry a substantial burden of responsibility and it is **essential** that all children cooperate by observing rules and regulations. Your full support is appreciated.

Appropriate behavior is required to, from, at bus stops and while riding on the bus/van to assure the rights of others (residential or otherwise) are respected.

\_\_\_\_\_ I understand that the safety of all passengers is at the utmost importance, therefore children are expected to be courteous to their driver and peers and are required to follow the directions of the bus driver at all times.

\_\_\_\_\_ I understand that the driver is in charge of the bus (and children) and has the authority to assign seats to maintain discipline or promote safety.

\_\_\_\_\_ I understand that students must not extend any body parts or throw any items out of the bus. I further understand that my child is expected to remain seated while on the bus with a seatbelt fastened unless entering or exiting the bus.

\_\_\_\_\_ I understand that there is a zero tolerance policy for fighting on the bus. Any child guilty of fighting will have transportation services terminated.

\_\_\_\_\_ I understand that eating, chewing gum, or drinking on the bus is not allowed. My child will receive snack upon arrival at the center.

\_\_\_\_\_ I understand that should my child fail to follow the rules on the bus, they will first receive a verbal warning, second a written warning, and then, finally a one week suspension from bus transportation. Girls Inc does have the right to terminate transportation services if deemed necessary.

\_\_\_\_\_ I understand that we agree to release from liability, hold harmless, indemnify and waive our right to sue the Girls Inc/BLA, and its administrators, directors, board members, staff members, volunteers, or bus drivers (collectively "Girls Inc./BLA"), for all claims or damages, we separately or collectively may have, for personal injury, bodily harm, death, injury to or loss of property, emotional injury or loss of consortium, that may occur in connection with, arising from or by reason of this transportation agreement, whether caused by negligence or otherwise. We understand that we are not releasing the Girls Inc. from liability for claims for damages arising from a reckless or intentional act of the Girls Inc driver.

\_\_\_\_\_ I understand that we further agree to release from liability, hold harmless, indemnify and waive our right to sue Ready 2 Ride, LLC and its employees, agents, or servants, for all claims or damages, we separately or collectively may have, for personal injury, bodily harm, death, injury to or loss of property, emotional injury or loss of consortium, that may occur in connection with this transportation agreement, whether caused by negligence or otherwise. We understand that we are not releasing Ready 2 Ride LLC, from liability for claims or damages arising from a reckless or intentional act of Ready 2 Ride, LLC.

*By initialing the above information, I acknowledge that I have received, read and agree to the terms that have been set forth by Girls Inc/BLA. I will abide by the transportation agreement standards that have been set forth and I also certify that the information I have provided is true to the best of my knowledge.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_