

Office Only: Paid _____(Date)

Scholarship _____yes or ___no

**Girls Incorporated of Johnson County
After School Enrollment Form**

Member Name _____ Date of Birth _____

School _____ Grade _____

Street Address _____ City _____ Zip _____

Township: _____

Parent/Guardian Information

1. Primary Guardian _____ Relationship _____
Day Phone () _____ Evening Phone () _____
Cell () _____ Employer: _____
Email Address: _____

2. Other Primary Guardian _____ Relationship _____
Day Phone () _____ Evening Phone () _____
Cell () _____ Employer: _____
Email Address: _____

**Girls Incorporated of Johnson County
AUTHORIZED PICK UP FORM**

- I authorize the following people to pick up and sign out my daughter from Girls Inc. of Johnson County by 6:00PM on any given day.
- I understand that any person who tries to pick my daughter up from the program who is not on this list will not be able to take my daughter with them and we will call you to get a verbal authorization.
- I understand that my daughter must be picked up **promptly by 6:00pm.**
- I understand that if my daughter is not picked up at 6:00pm, Girls Inc. staff will call the names listed below in the order that they are listed. If she is picked up late repeatedly, her position in the program may be in jeopardy.

*Individuals authorized to pick up (members name) _____ :

NAME	PHONE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Parent/Guardian Signature

Date

*If an individual, under age 18, is authorized to pick up your child, please complete the following:
I authorize _____, age _____ to pick up my child and hereby (name)
release Girls Inc. of any liability, loss, or claim which may occur in transporting and/or walking my
child from the Girls Inc. of Johnson County.

Parent/Guardian Signature

Date