

Office Only: Paid \_\_\_\_\_(Date)

Scholarship \_\_\_\_\_yes or \_\_\_\_no

**Girls Incorporated of Johnson County  
Summer Program Enrollment**

Member Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade (next school year) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Township: \_\_\_\_\_

**Circle One:** (Youth T – Shirt Size) Small Medium Large (Adult T-shirt Size) Small Medium Large XL XXL  
Extra T-shirts for sale through 5/11/18 for \$10.00 due at registration. How many extra t-shirts would you like? \_\_\_\_\_

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.
- Please make sure you have a backup plan for extenuating circumstances.

\*Individuals authorized to pick up (members name) \_\_\_\_\_ :

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

_____	_____
Parent 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**