

## YWCA Girl Power! at North Star 15-16

Please fill out the following form in order to register your child for Girl Power! at North Star Edison (*Eagle's Nest registration form may be used instead*). Girl Power! at North Star is for 3rd through 8th graders. Programming for 3rd-5th graders will be Tuesdays and Thursdays after school until 6pm. Programming for 6th-8th grade will be Mondays and Wednesdays until 6pm. The week of September 8th will be our first week of program. **Please do not send your child to Girl Power! until you have received a confirmation call and/or packet from YWCA Girl Power! staff.**

Packets may be mailed to 32 E 1st St Suite 202 Duluth 55802 or dropped off at the Junior Academy Office. We will contact you as soon as possible after receiving your packet. Call or email Alice Jacobson, GP! Coordinator, at **(218)722-7425 x116** or **Alice@ywcaduluth.org** with any questions.

### GENERAL INFORMATION

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

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Guardian Name(s) \_\_\_\_\_ &

Relationship(s) \_\_\_\_\_

Phone(s) \_\_\_\_\_ Best way to reach you \_\_\_\_\_

### TRANSPORTATION

Girl Power! 3rd-5th grade runs Tuesdays and Thursdays until 6pm; 6th-8th grade runs Mondays and Wednesdays until 6pm. *Please mark one.*

I will provide transportation home from Girl Power!

My child will walk home from Girl Power!

Other: \_\_\_\_\_

### Transportation Assistance

Eagles Nest is in the process of obtaining transportation assistance for families. When available, it will be very limited. *Please mark below if you are interested in learning more.*

Yes, I'd like more information as it is available

No

### YWCA Staff Transportation

By initialing below, I grant permission for licensed and insured YWCA Girls and Youth staff to transport my child in their personal vehicles for the purpose of Girl Power! activities, field trips, and other Girl Power! business.

\_\_\_\_ *Initials*

**Please list anyone who is NOT allowed to pick up your child:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

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**PHOTO AND EMERGENCY MEDICAL CONSENT**

**Emergency Contact Information**

The guardian(s) listed will always be the primary contact person. Staff will only contact adults listed below in situations where the parent/guardian cannot be reached. Adults listed below are able to pick up child in event of an emergency - *please talk to your emergency contacts about this.*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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**Photo Consent**

Mark below to agree or disagree to the use (without compensation) of the named child's photograph, videotape, or other likeness for promotional purposes and/or newspaper articles.

Yes

No

**Emergency Medical Consent**

Initial below, as a parent or legal guardian I do hereby grant authority and permission to the YWCA Girls and Youth programs to seek and permit medical care and treatment for the child listed in emergency situations where a medical care provider is unable to contact either me or my emergency contacts. The permission granted does not pertain in any way to reproductive health notice statuses.

\_\_\_\_ *Initials*

Medical Insurance Carrier \_\_\_\_\_ Name/Phone \_\_\_\_\_ of

Dentist \_\_\_\_\_

Name/Phone \_\_\_\_\_ of  
Hospital \_\_\_\_\_

**Medical Conditions/Allergies**

Please list any medical conditions/medical needs/allergies/physical limitations that may affect your child at Girl Power! and any applicable care that we should know about.

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**ACTIVITY CONSENT**

By marking my initials below, I hereby give my permission and approval for the child named on this form to participate in all programs and activities sponsored by or related to the YWCA Girls and Youth Programs. I assume all risks and hazards incidental to such participation (including transportation) and release these agencies (including board members, staff members, event sponsors, mentors, participants, and volunteers) from any claims arising from an injury to my child. NOTE: YWCA Girls and Youth Program staff will not solicit any information without first talking to parent/guardian.

\_\_\_\_ Initials

**DEMOGRAPHIC INFORMATION**

Girl Power! is able to provide FREE high quality programming to the Duluth community through grant funding. Many of our grants require us to report demographic information. **Please note that providing us with this information is optional, but greatly appreciated for our reporting purposes.** Know that all information you provide is considered private data as defined by the Minnesota Government Data Privacy Act.

**Household Income**

Using the table to the right and your total household income last year before taxes, please mark the income column for your family.

- A
- B
- C
- D

	A	B	C	D
Household Size	Annual Income	Annual Income	Annual Income	Annual Income
2	\$0- \$15,930	\$15,931- \$25,550	\$25,551- \$40,850	\$40,851+
3	\$0- \$20,090	\$20,091- \$28,750	\$28,751- \$45,950	\$45,951+
4	\$0- \$24,250	\$24,251- \$31,900	\$31,901- \$51,050	\$51,051+
5	\$0- \$28,410	\$28,411- \$34,500	\$34,501- \$55,150	\$55,151+
6	\$0- \$32,570	\$32,571- \$37,050	\$37,051- \$59,250	\$59,251+
7	\$0- \$36,730	\$36,731- \$39,600	\$39,601- \$63,350	\$63,351+
8	\$0- \$40,890	\$40,891- \$42,150	\$42,151- \$67,400	\$67,401+

**Please mark YES or NO for the following:**

Qualify for Childcare Assistance Program

Yes  No

Verified for Free/Reduced Lunch by School

Yes  No

My child has attended Girl Power! before

Yes  No

A relative or friend of my child has attended Girl Power

Yes  No

**Family configuration living with this child:**

Two Parents  Foster Care

\*HUD Guidelines, effective 8/1/15

- Mother Only
- Father Only
- One Parent at a Time
- Grandparent(s)
- Other: \_\_\_\_\_

**Language(s) spoken at home:**

- English
- Spanish
- Ojibwe
- Chinese
- Arabic
- Other: \_\_\_\_\_

**Please mark all races that apply to this child:**

- White/Caucasian
- Black/African American
- Asian
- Hispanic Origin
- Native American/Alaskan Native
- Native Hawaiian/Pacific Islander
- Other: \_\_\_\_\_

**MORE ON BACK**

**COMMENTS AND SIGNATURE**

Please list anything else we should know about your child, enrollment, or what you hope to get out of Girl Power!

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**Evaluation Consent**

For the purpose of securing and maintaining grant funding for our program, Girl Power! must access student records to demonstrate progress in our participants. By marking your initials below, you are agreeing to a release of school records for your child. This includes grades, standardized test results, and attendance records. All information will be kept confidential.

\_\_\_\_ *Initials*

**Please contact me regarding donating to Girl Power!**

Girl Power! is able to provide free school year programming and scholarships for summer camp programming so that all children may attend. We are grant funded, however, that means funding opportunities are always changing. With your donation, you would have the opportunity to allocate the funds as you see fit. Thank you.

Yes!

**Signature**

By signing my name below, I agree that a photocopy or fax of these authorizations may be used in lieu of the original to obtain information. I have read all the information on this form, have filled it out to the best of my ability, and consent to the above release categories.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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The mission of the YWCA is to  
eliminate racism, empower women and  
girls, and promote peace,  
justice, dignity, and freedom for all.