

**PLEASE COMPLETE THE ENTIRE FORM AND EMAIL TO [registration@girlsincyork.org](mailto:registration@girlsincyork.org)**

**Membership**

Starting September 2021, all Girls Inc. of York Region will be offering a membership program for all of our Girls Inc. families. **Memberships are \$50 per girl or \$80 per family.** Members will receive exclusive discounts on all of our programs and services. Comes with a FREE T-Shirt. \*Subsidies are available upon request.

**\$50 per Girl      \$80 per Family      No Membership      Subsidy**

**Girls Inc. Member Information (Child #1):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Has your child/youth attended our programs before? \_\_\_\_\_  
 If yes, please specify: \_\_\_\_\_

**Girls Inc. Member Information (Child #2):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Has your child/youth attended our programs before? \_\_\_\_\_  
 If yes, please specify: \_\_\_\_\_

**Health Related Information**

In order for Girls Inc. Staff to provide the best support, **please disclose any relevant information**, so we can meet their needs appropriately (i.e. Allergies, Diagnosis (ADHD, GAD, ODD), any limitations/support needed, IEP, changes at home (separation, divorce, death), history of trauma/abuse/foster, etc.):

ZOOM PROGRAM	AGES	DATES + TIMES	Prices (Member/Non-member)	
Girls CLUB	6-8	Mondays @ 4:00 PM-5:30 PM	\$20.00	\$50.00
Girls SQUAD	9-11	Tuesdays @ 4:00 PM-5:30 PM	\$20.00	\$50.00
Girls GROUP	12-14	Wednesdays @ 4:00 PM-5:30 PM	\$20.00	\$50.00
LIT Program	15-18	Thursdays @ 4:00 PM-5:30 PM	FREE	\$50.00
Book Club	7-10**	Wednesdays @ 6:00 PM-7:00 PM	\$20.00	\$40.00
Homework Help	6-12	Thursdays @ 6:00 PM-7:00 PM	<b>FOR MEMBERS ONLY</b>	
Girl Boss Chess Level 1	6-8	Thursdays @ 4:00 PM-5:00 PM	\$60.00	\$100.00
Girl Boss Chess Level 1	9-12	Thursdays @ 4:00 PM-5:00 PM	\$60.00	\$100.00
Girl Boss Chess Level 2	ALL	Thursdays @ 5:30 PM-6:30 PM	\$60.00	\$100.00
<b>SUBTOTAL:</b>			\$	
<b>MEMBERSHIP:</b>			\$	
<b>TOTAL:</b>			\$	

\*\*Anyone who is at a Grade 3-5 reading level is welcome to register for this program.

**Parent/Guardian Information**

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contact (NOT parent/guardian listed above):**

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Media Release:**

There will be occasions where pictures/videos will be taken of participants for public relations purposes; Girls Inc. social media, newsletter, our website.

I **give** permission                      I **do not** give permission

**Member Agreement and Parent/Guardian Consent**

By completing this form, I give consent for my child(ren) to participate in Girls Inc. of York Region’s virtual programming via the ZOOM platform. I agree that I have provided all of the information required, and may be reached at the phone number and email provided. I acknowledge and accept that Girls Inc. may deliver contents to my address. I accept any risk by reason of participation in the program by the registered “participant(s)”.

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

**COVID-19: Keeping Girls Safe**

At Girls Inc. of York Region, we have implemented best practices which include adjustments to our programs, increasing health and safety protocols which are in accordance with Health Canada and Public Health Ontario, and limiting in-person contact with the families we work with. Please review our policies and procedures form to help us prevent the transmission of COVID-19, and ensure the safety of Staff, Girls Inc. members, and their families.

**Payment Information**

	<b>E-transfer:</b> Email to <a href="mailto:barb@girlsincyork.org">barb@girlsincyork.org</a> with “Child Name, Virtual ASP” in the message section
	<b>Credit Card:</b> Card Number: _____ Expiry Date (mm/yy): ____/____
	<b>Cash/Cheque</b>
	<b>Subsidy</b> <i>*Subsidy available upon request</i>

**OFFICE USE ONLY: New                      Renew                      Date: \_\_\_\_/\_\_\_\_                      Membership #:**

OF NOTE: Personal information is protected under the *Municipal Freedom of Information and Protection Act, 1989*. Personal information is collected pursuant to the *Municipal Act, R.S.O. 1990, Chapter M-45 as amended, S. 207, Par. 28*, and will be used to register participants. This information will NOT be shared with anyone for any purpose. Inquiries may be directed to 905-830-0776

**PLEASE DO NOT PROVIDE YOUR NAME, ADDRESS, OR PHONE NUMBER ANYWHERE  
ON THIS FORM**

Dear Parent/Guardian:

Girls Incorporated of York Region recognizes the importance of keeping our programs at low to no cost to members and their families. In order to continue this effort and maintain funding for Girls Incorporated of York Region programs, the agency is required to provide statistical information to our funders. Please be assured of the following:

- **This information is strictly used for required Statistical Information and funding submissions ONLY.**
- **The information you provide is unidentified, secure and confidential.**
- **This form will be destroyed.**

1. Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorce \_\_\_\_\_ Common Law \_\_\_\_\_

2. How many people in your household? Adults: \_\_\_\_\_ Children (under 18) \_\_\_\_\_

3. The following information is required to enable Girls Inc York to receive funding: Your Total Family income:

\_\_\_\_\_ below \$15,000 \_\_\_\_\_ 15,000-20,000 \_\_\_\_\_ 20,000-25,000 \_\_\_\_\_ 25,000-30,000  
\_\_\_\_\_ 30,000-35,000 \_\_\_\_\_ 35,000-40,000 \_\_\_\_\_ 40,000-45,000 \_\_\_\_\_ 45,000-50,000  
\_\_\_\_\_ 50,000+

4. Ethnic background (Asian, European, African) \_\_\_\_\_

5. Languages spoken at home \_\_\_\_\_

6. Other Languages spoken \_\_\_\_\_

**Thank you for your assistance**

