girls inc.
of Memphis

Participant Application

Head of Household's Information:

First Name: _____ Last Name: _____

Address: _____ City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Personal Email: _____ Employer: _____

Work Phone: _____ Work Email: _____

Relationship to Child: (Check one box)

☐ Mother ☐ Father ☐ Grandparent(s)/ Relative ☐ Guardian/ Other

Highest Level of Education: (Check one box)

☐ HS Diploma/ GED ☐ Associate's Degree ☐ Bachelor's Degree or Above ☐ N/A

Second Parent or Guardian's Information:

First Name: _____ Last Name: _____

Address: _____ City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Personal Email: _____ Employer: _____

Work Phone: _____ Work Email: _____

Household Type: (Check one box)

☐ Two Parents ☐ Mother Only ☐ Father Only

☐ Grandparent(s)/ Relative ☐ Joint Custody ☐ Other

Military Status: (Check one box) ☐ Yes ☐ No

Income Category: (**Check one box**) (*Will be held in the strictest confidence- for office use only*)

	Less than $10,000			$30,000 - $50,000
	$10,001 - $20,000			More than $50,000
	$20,001 – $30,000			Unknown

Transportation:

If it is available, I am interested in having transportation provided for my child from her school (please check one):

☐ Yes ☐ No

girls inc.
of Memphis

Participant Application

Participant (Girls') Information:

First Name: _____ Last Name: _____

Race: (Check box that best applies)

☐ African American ☐ Asian ☐ Hispanic ☐ Middle Eastern ☐ Native American

☐ White ☐ Multiple Racial ☐ Other: _____

Date of Birth: _____ Initial Service Date: _____

School: _____ Grade: _____ T-Shirt Size: _____

Primary Language Spoken at Home: (Check one box)

☐ English ☐ Spanish ☐ French ☐ Unknown ☐ Other: _____

Emergency Contact(s):

Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Medical/Health Information:

Please list any medical conditions/allergies

_____

_____

Please list medications, dietary needs, and/or food restrictions: _____

_____

Physician Name: _____ Preferred Hospital: _____

I, _____, have read and understand the policies regarding Girls Inc. and I release and hold harmless Girls Inc., its agents and its employees. To the best of my knowledge, my child is in good health and able to participate. I give permission for my child to be treated by qualified medical personal at any facility chosen by Girls Inc., and authorize its representatives to act as my agent in signing for such treatment at the chosen medical facility or doctor office. I do understand that staff members of Girls Inc. are not allowed to administer medicine to my daughter and I will assume responsibility for my daughter while she participates in the program.

_____ _____

Parent/Guardian Signature Date

Office Use Only:

Membership Type: ☐ Eureka! ☐ Farm ☐ Frayser ☐ LDT ☐ South City ☐ South Park

Circle Destination: ☐ A ☐ B ☐ C ☐ D ☐ School Based ☐ Center Based