MEYERS CAMP REGISTRATION

For all Boys & Girls attending school in Alameda - Grades K thru 5th Camp Times 8:00 a.m. to 6:00 p.m. daily

1724 Santa Clara Ave. • Alameda, CA • 94501 • (510) 521-1743

ONE REGISTRATION FORM & ONE PAYMENT PER CHILD

R

Please PRINT all information below CLEARL	Y	Attending _	School		ol for 2012-2013	
Child's Name:		Age:	Grade:	Birthdate:		
Last Name	First Name					
Parent / Guardian Name:						
Address:		City:		Zip Code:		
Home Phone: ()	Work P	hone: ()			
Cell Phone: ()	E-mail Add	lress:				
How did you hear about Meyers Camp?			Curre	ently attending AIK	circle one ? YES NO	
MEYERS CA	MP SESSIONS			Release (required for		
AUSD Staff Development Day October 19, 2012.Friday	Lincoln Day February 15, 2013Friday[to particip particip assigns	I hereby authorize, as parent or legal guardian, for my child to participate in Girls Inc. Programs. In consideration for this participation, I do hereby, for myself and my heirs and assigns, release and agree to indemnify and hold harmless			
AUSD Fall Recess November 21Wednesday	AUSD Spring Break April 1Monday			n or cause of asioned in any hold harmless		
AUSD Winter Recess closed Mon. 12/24/12 & Tues. 12/25/12 December 26Wednesday	April 2Tuesday[April 3Wednesday[from all my chil	Girls Inc. of the Island City, its employees and volunteers from all liability, loss or claim which may occur in transporting my child for the purposes of participating in any Girls Inc. activities.			
December 27Thursday	April 4Thursday[Parent/	Guardian Signatur	re D	ate	
December 28Friday closed Mon. 12/31/12 & Tues. 1/1/13 January 2Wednesday January 3Thursday	April 5Friday	I grant hereby adult le attentio supervi	Field Trip Permission (required for participation) I grant permission for my child to attend all field trips and hereby give my permission to the physician selected by the adult leader in charge to provide any necessary medica attention. All children must attend field trips. No on-site supervision will be provided.			
January 4Friday	session begins.	Parent/	Guardian Signatur	e D	ate	
# of days Mak All fees are due upon registration and a	0 = \$ se checks payable to GIRLS INC . re non-refundable and non-transferable, PF ATTENDANCE.	others of likeness product testimo Girls In and its	Media/Photo Release I hereby authorize Girl Inc. of the Island City, its agents and others working for it or on its behalf to use my child's image/likeness/voice/artwork/writing in still photos, slides video productions, radio coverage, television coverage, interviews, testimonials and/or any other media purposes, including Girls Inc. website, for promoting and representing Girls Inc. and its programs, and do hereby grant and convey unto Girls Inc. all rights, title, and interest in the above media including			
	your registration forms to one of our NVENIENT LOCATION	7 but not	limited to, any roy	yalties, proceeds, or raphs or recordings.		
Total Paid \$	TO REGISTER!		Guardian Signatur	e D	ate	
Date (registrate	Alameda Island Kids Sites tion taken from 7:00 to 8:30 a.m. & 4:00 to 6:00) p.m. daily)		of the Island (aken from 4:00 - 6:00		

BAY FARM SCHOOL EARHART SCHOOL EDISON SCHOOL

400 Packet Landing Road

Alameda, CA 94502 Portable B & MPR

1801 Sandcreek Way

Alameda, CA 94501

(510) 769-8545

Portable A (510) 522-4729

FRANKLIN SCHOOL LUM SCHOOL

2700 Buena Vista Avenue

Alameda, CA 94501 Room 20 & MPR

OTIS SCHOOL

.3010 Fillmore Street

Alameda, CA 94501

Room 115 & MPR

(510) 523-6510

(510) 769-1975

200 Aughinbaugh Way

1433 San Antonio Avenue

Alameda, CA 94502 Portable 9 & MPR

Alameda, CA 94501

MPR & Room 16 (510) 521-0121

(510) 769-7426

Receipt #

Staff Initial

P.D.

GIRLS INC. OF THE ISLAND CITY

1724 Santa Clara Ave.

Alameda, CA 94501 (510) 521-1743 X 206

NO mail-in

registration available

at this time.



☐ Parent/Guardian

Parent/Guardian Signature

Other: _

HEALTH INFORMATION

a service of
Girls Incorporated®
of the Island City

You are only required to fill out this info the first time you register your child during the 2012-2013 school year or unless there are changes.

Child's Last Name:		First Name:		Birthdate:	Age:
Special Medical Limitations:					
Allergies to					
Food:					
Medicine:					
Other:					
Please List ALL medications	(including OTC) taker	n by your child:			
Check all that apply	. 5.				7
<u> </u>	Learning ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Developmental	otional 🔲 Visu	ıal 🗖 Hearing	☐ Mobility
(D.O) or Dentist (D.D. S.) for my	child. This care may be	rmission to obtain all emergency r given under whatever conditions	are necessary to preserve	e the life, limb or well being o	of the child named above.
Parent/Guardian Signature		Date		Dentist Name & Phone	140111001
Parent/Guardian Signature Medical Insurance & Coverage	Number	Date Physician Name		Physician's Phone Num	
			CATION INFO	Physician's Phone Nun	
Medical Insurance & Coverage	EMERGENO	Physician Name		Physician's Phone Num	
Medical Insurance & Coverage	EMERGENC	Physician Name CY AND IDENTIFIC		Physician's Phone Num	
Medical Insurance & Coverage Atte	EMERGENC	Physician Name CY AND IDENTIFIC	School Year: 20	Physician's Phone Nun RMATION - 20	nber
Medical Insurance & Coverage Atte	EMERGENC	Physician Name CY AND IDENTIFIC School First Name:	School Year: 20 Birthdate: _	Physician's Phone Nun RMATION - 20	nber Grade:
Medical Insurance & Coverage Atte PLEASE PRINT ALL OF THE IN Child's Last Name: Parent/Guardian Name:	EMERGENC	Physician Name CY AND IDENTIFIC School First Name:	School Year: 20 Birthdate: _)	Physician's Phone Num RMATION - 20 Age: Home Phone: (Grade:
Atte PLEASE PRINT ALL OF THE IN Child's Last Name: Parent/Guardian Name: Address:	EMERGENC ending	Physician Name CY AND IDENTIFIC School First Name: Work Phone: (School Year: 20	Physician's Phone Num RMATION	Grade:)
Atte PLEASE PRINT ALL OF THE IN Child's Last Name: Parent/Guardian Name: Address: Parent/Guardian Name:	EMERGENC ending	Physician Name CY AND IDENTIFIC School First Name: Work Phone: (School Year: 20 Birthdate: Zip Code:	Physician's Phone Num RMATION - 20 Age: Home Phone: (Home Phone: (Grade:)))
Atte PLEASE PRINT ALL OF THE IN Child's Last Name: Parent/Guardian Name: Address: Parent/Guardian Name: Address: In addition to the parents/guardia	EMERGENC ending IFORMATION BELOW Ins, the following adults to	Physician Name CY AND IDENTIFIC School First Name: Work Phone: (City: Work Phone: (City: Toty: City: City: Work Phone: (City: City: Mork Phone: (City: Mork	School Year: 20 Birthdate: Zip Code: Zip Code:	Physician's Phone Num RMATION - 20 Age: Home Phone: (Cell Phone: (Home Phone: (Grade:)))))
Atte PLEASE PRINT ALL OF THE IN Child's Last Name: Parent/Guardian Name: Address: Parent/Guardian Name: Address: In addition to the parents/guardia	EMERGENC ending IFORMATION BELOW Ins, the following adults to	Physician Name CY AND IDENTIFIC School First Name: Work Phone: (City: Work Phone: (City:	School Year: 20 Birthdate: Zip Code: Zip Code: do to take this child from the conse.	Physician's Phone Num RMATION - 20 Age: Home Phone: (Cell Phone: (Home Phone: (Grade:)))))
Atterpression Address: Address: Address: In addition to the parents/guardia contacts. These contacts must be	ending	Physician Name CY AND IDENTIFIC School First Name: Work Phone: (City: Work Phone: (City: (18 years and older) are authorized ple for immediate pick-up or respoon Na.	School Year: 20 Birthdate: Zip Code: Zip Code: dt to take this child from the consecutive of the section of the consecutive of the section of the consecutive	Physician's Phone Num RMATION - 20 Age: Home Phone: (Cell Phone: (Cell Phone: (Cell Phone: (de facility. These names will	Grade:))) also serve as emergency

Date

USE ONLY _____ Initial Date

STAFF



CENSUS REPORT

a service of
Girls Incorporated®
of the Island City

You are only required to fill out this info the first time you register your child during the 2012-2013 school year or unless there are changes.

This information will be kept anonymously and in	PRIMARY LANGUAGE SPOKEN IN THE HOME			
confidence. It will be used strictly for statistical data	_	Spanish		
reports to Girls Inc. National Organization and		Mandarin		
potential funders.	1			
Thank you for your help	_	Vietnamese		
My Child's	Other:			
Name: Please mark all appropriate boxes.	RESIDENCE AREA			
AGE	☐ Alameda ☐	San Lorenzo		
☐ 6 to 8 ☐ 12 to 14	☐ Oakland ☐	Livermore		
☐ 9 to 11 ☐ 15 to 18	☐ Castro Valley ☐	Hayward		
	☐ San Leandro ☐	Berkeley		
MY CHILD QUALIFIES FOR	☐ Other:			
☐ Free Lunch —	ANNUAL HOUSEHOLD	NUMBER IN		
☐ Reduced Lunch	l <u> </u>	HOUSEHOLD		
FAMILY CONFIGURATION	☐ Below \$10,000			
Living with two parents	□ \$10,000 to \$20,000			
Living with mother only	□ \$20,000 to \$30,000			
Living with father only	□ \$30,000 to \$40,000			
Living with one parent at a time (joint custody	\$40,000 to \$50,000			
☐ Living with parent & step-parent	\$50,000 to \$60,000 \$60,000 to \$70,000	· · · · · · · · · · · · · · · · · · ·		
☐ Living with neither parent	□ \$70,000 to \$80,000			
ETHNICITY	□ \$80,000 to \$90,000			
☐ Multi-ethnic	\$90,000 to \$100,000			
_	Over \$100,000			
☐ Asian American				
☐ Black / African American	ARE ANY IMMEDIATE FAMILY MEMEE	BERS ACTIVE DUTY		
☐ Native American	MILITARY PERSONNEL?			
☐ White / Causasian	☐ Yes ☐ No			
Hispanic/Latina	PLEASE LIST MEDICAL, PHYSICAL OR EMOTIONAL CONDITIONS (including disabilities).			
Pacific Islander				
☐ Filipina				
☐ Other:				
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