



Girls Incorporated of Durham



GIRLSPACE

**Girls 6-12 years
6:30pm—8:30pm
Wednesday evenings
Girls Inc. Office
1—398 Bayly Street West, Ajax**

**A place where your opinion counts, where you can ask questions, explore and have lots of FUN!
Come and join us for fun exciting activities.**

Each week girls will have fun participating in programs that will inspire them to believe in themselves and develop new skills and abilities. They will also have the opportunity to meet with positive peer role models, all while receiving healthy and empowering messages.

It is a place where girls can explore and nurture relationships and build on the skills necessary for them to succeed.

January 4-January 25: GirlSTART Literacy Program Reading Judy Moody Celebrating Family Literacy Day

February 29-March 28: Media & Economic Literacy and Leadership

Celebrating International Women’s Day

May 2-May 23: Mind+Body

Celebrating International Day of Families and Summer Safety

*** REGISTRATION IS REQUIRED FOR EACH 4 WEEK SESSION AS SPACE IS LIMITED.**

For more information about other programs and Girls Incorporated of Durham, please contact the office at:
Girls Incorporated of Durham
1- 398 Bayly Street West
Ajax, ON L1S 1P1
Tel: 905 428-8111 ext. 23 Fax: 905 428-9992

Members: \$20 for each 4 week session

Non-members: \$35 for each 4 week session

Snacks will be provided.

GIRLSPACE

PROGRAM REGISTRATION FORM

Participant Information

Child's Last Name: _____ Child's First Name: _____

Birth Date: M _____ D _____ Y _____ Age: _____ School/ Grade: _____

Health Card #: _____

Please indicate any medical information that you would like us to be aware of. i.e. food allergies, medications, etc. _____

Main Contact

Last Name: _____ First Name: _____

Relationship to Child: _____

Address: _____

City: _____ Postal Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Alternate/Emergency Contact Name: _____

Phone Number: _____ Alternate Phone Number: _____

I have provided Girls Incorporated of Durham with all necessary medical information and can be reached at the numbers listed. I acknowledge and accept the risk for any accidents or injuries arising by reason of participation in the program by myself or the person who is shown as the "participant".

Parent/Guardian Signature: _____ Date: _____

Media Release

There may be occasions where pictures of your daughter will be taken. These photos will be used for newsletter, videos, brochures, annual reports, radio, television newspapers and our home website.

I give my permission for my daughter to appear in any Girls Incorporated of Durham publications.

I do not give permission for my daughter and or myself to appear in any Girls Incorporated of Durham publications.

Parent/Guardian Signature: _____ Date: _____

Names of Programs

GIRLSPACE

GIRLZONE

P.A. Day Camp

March Break Camp

BSG Book Club

Money Talks Family Workshop

GIRLSTART

Cost: _____

Location: _____

Date: _____

Member: _____ Non-Member: _____

Paid: Cash Cheque Credit

Card Type: _____

CreditCard#

Exp: _____

Name on Card:

How did you hear about this program?

OFFICE USE ONLY

No Charge (Member)

Receipt #: _____