

# Membership Registration Form



## For Office Use Only:

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Paid: €Cash €Cheque  No Charge

Receipt needed: €Yes €No

## Participant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: MM \_\_\_\_\_ DD \_\_\_\_\_ Y \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Health Card #: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## Parent/Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Alternate/Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Number: \_\_\_\_\_ Take Calls?  Y  N

Marital Status: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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".

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent/Guardian

#### Renewal

Membership

New Membership

Cost: \$ 35.00 Individual

Payment Method:  CASH  CHEQUE  VISA# \_\_\_\_\_

Name \_\_\_\_\_ Expiry date \_\_\_\_\_



Inspiring all girls to be strong, smart, and bold<sup>SM</sup>

Girls Incorporated<sup>®</sup> of Durham

## Girls Incorporated of Durham INTAKE SURVEY

Girls Incorporated of Durham would like to thank you for assisting us with the collection of the following information. We respect your privacy and have included no identifying information. This information is solely for the collection of data on a national level. All Intake Surveys will be destroyed upon data input.

1. How old is your child?

6 years old		12 years old	
7 years old		13 years old	
8 years old		14 years old	
9 years old		15 years old	
10 years old		16 years old	
11 years old		17 years old +	

2. What is your racial/ethnic background? **Please check one box only**

Aboriginal/First Nations		Latin America (e.g. Argentina, Mexico)	
Asian- East (e.g. China, Japan)		Indian- Caribbean ( e.g. origins in India)	
Asian-South (e.g. India, Sri Lanka)		Middle Eastern (e.g. Egypt, Iran, Israel)	
Asian- South East (e.g. Vietnam)		Caucasian Canadian	
Continental Africa (e.g. Ghana, Kenya)		Caucasian European ( e.g. England)	
African Canadian		Mixed Background:	
African Caribbean ( e.g. Jamaica)		Other(s):	

3. What language(s) is most often spoken in your home? **Please check all that apply**

English		Spanish	
Mandarin		Italian	
Cantonese		Portuguese	
French		Other:	

4. How many individuals are in your household? \_\_\_\_\_

5. What is your family income? **Please check one box only**

Under \$10,000	
\$10,000 to \$15,000	
\$15,000 to \$20,000	
\$20,000 to \$25,000	
\$25,000 to \$35,000	
Over \$35,000	

6. Who lives with the child at home? **Please check one box only**

Both parents	
Mother only	
Father only	
One parent at a time (joint custody)	
Neither parents	