

girls inc.



Join us for our 2025 summer program!

“GIRLS LEAD THE WAY”

JOIN the FUN

WHO: Girls ages 5 to 18 | **DATES:** Monday, June 2 to Friday, July 25 (Closed July 4th)
HOURS: Early Bird, 7 to 9:45 a.m. • Daily: 9:45 a.m. to 6 p.m.

We pack our 8-week summer program full of fun, exploration, experiments, crafts, games, guests outdoor adventures, movies and swimming!

INTERESTED IN a TOUR or HAVE QUESTIONS?

Give us a call or reach out via email or Facebook. Staff would be happy to show you around the center or give you more information about our summer.

HOW MUCH DOES IT COST?

FULL MEMBERSHIP: \$250 | **DAILY MEMBERSHIP:** \$10/day

Additional fees apply for Early Bird hours and swimming

There is a \$20 deposit required at registration.

That deposit is applied to the membership fees listed above.

Full member scholarships are available, ask for an application!

Questions? Contact us by phone - (812) 265-5863 | email - girlsinc.jeffco.in@gmail.com
Facebook - www.facebook.com/girlsinc.jeffco.in | website - www.girlsincjc-in.org



**BUILDING A
NEW GENERATION
OF LEADERS**



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Summer Registration 2025

8-Week Program – June 2 to July 25, 2025

Inspiring all girls to be strong, smart, and bold

Child's Name: _____ Birthdate: _____ Age: _____
 Primary Address: _____ Shirt Size: _____
 City: _____ State: _____ Zip Code: _____
 Family Doctor: _____ Phone #: _____
 List all allergies: _____
 My child has a special health situation: _____
 School: _____ Grade: K 1 2 3 4 5 6 7 8 9 10 11 12
 Circle the grade they will be going into in the fall.

HOUSEHOLD INFORMATION

Parent/Guardian Name: _____
 Relationship to Child: _____
 Employer: _____
 Work Phone: _____
 Cell Phone: _____
 Email Address: _____

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 Relationship to Child: _____
 Employer: _____
 Work Phone: _____
 Cell Phone: _____
 Email Address: _____

Lives at above address

Lives at above address

ADDITIONAL CONTACTS	Emergency Contact	Pick Up Permission
(Girls Inc. will first attempt to contact those listed above, unless otherwise indicated. Additional names and contact information can be attached)	✓	✓
Name: _____ Phone: _____ Relationship to Child: _____		
Name: _____ Phone: _____ Relationship to Child: _____		
Name: _____ Phone: _____ Relationship to Child: _____		

HOUSEHOLD INFORMATION (Continued)

PLEASE TELL US ABOUT YOUR FAMILY SITUATION:

We ask that you complete the following questions. The information below helps Girls Inc. receive the funds we need to offer our programs. This is for Girls Inc. use only. Individual demographics will not be shared. **Please circle all that apply.**

CHILD LIVES WITH

- Two Parents
- Mother Only
- Father Only
- Joint Custody
- Neither Parent

PRIMARY HOUSEHOLD INCOME

- Less than \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$50,000
- \$50,001 to \$75,000
- Greater than \$75,000

ETHNICITY

- African American
- Multiracial/Mixed Heritage
- Hispanic/Latina
- Asian American
- Caucasian/White
- Native American

Primary Language at Home: English Spanish Other

Additional Demographics: Child has an IEP Military Family Qualify for Free/Reduced Lunch

Membership Type: Full Membership (\$250) Daily Membership (Extended Hours \$10/Day)

Prior Membership: Returning Member New to Girls Inc.

THIS SECTION TO BE COMPLETED BY STAFF (Processed By: _____ Date: _____)

PAYMENT OF FEES (A minimum \$20 deposit is due along with registration paperwork for all members. Full members must pay their remaining balance prior to the child's first day at Girls Inc.) *Staff should initial and date above, and indicate the initial amount paid, type of payment, and if there was a scholarship request, payment plan request or a transportation concern indicated.*

DEPOSIT - \$20	CASH	PAYMENT PLAN
FULL - \$250	CHECK	SCHOLARSHIP REQUEST
OTHER - \$	CREDIT CARD	TRANSPORTATION CONCERN



Community Partner



Permissions & Releases

Girls Inc. of Jefferson County, IN – Summer 2025

Member Name: _____

The child listed above has my permission to participate in the following Girls Inc. activities or field trips:

PERMISSION SLIPS	✓
ALL (If a child is not signed up, we will not take her off the center premises.)	
All activities outside of Girls Inc. premises. (This includes those listed below.)	
ONLY (If a child is not signed up, we will not take her off the center premises.)	
ONLY – Swimming Pool	
ONLY – Walking Field Trips	
ONLY – Special Outings	

I acknowledge the following releases for the child listed above:

RELEASE FORMS	✓
MEDIA	
In consideration of her opportunity to appear in Girls Inc. promotional materials, the sufficiency of which I acknowledge, I agree not to hold Girls Inc., its officers, board members, volunteers and staff members responsible against loss from any claim, action or demand brought at any time by the minor or anyone acting on the minor’s behalf for the purpose of enforcing any claim for damages on account of use of the minor’s name, photography, voice or likeness.	
MEDICAL CARE	
I give permission for her to receive emergency treatment and to be hospitalized, if necessary. (If permission is not given, an alternate plan must be submitted.)	
MENTAL HEALTH	
I acknowledge that there is now a mental health advocate on staff to support the needs of all Girls Inc. girls. Parents/caregivers will be consulted with any individual concerns that may arise.	

As parent/caregiver of the girl listed above, I acknowledge the above releases and give permission for my girl to participate in all programming provided by Girls Inc. I will not hold the drivers of any vehicle providing transportation, Girls Inc. of Jefferson County, IN, its officials, or staff, liable in the event of an accident or injury to my child while participating in these activities. It is understood that the staff of Girls Inc. of Jefferson County, IN, will make every effort to ensure the safety of all Girls Inc. members when participating in an Girls Inc. event.

Parent/Caregiver Signature: _____ Date: _____

Please sign the completed form and return it with summer registration forms. If there is anything else you would like to share with Girls Inc. staff, please feel free to add it to the back of this form.