









## Girls Inc. at the YWCA of Syracuse & Onondaga County Girls Summit Registration Form

STUDENT INFORMATION		
Child Name	Age: School:	Grade:
Mailing Address:	Age:School:Zip	·
Email:		
	□ No If yes, name:	
Please describe any special needs y	our child may have:	
PARENT/GUARDIAN PERMISSION		
	permission for them to attend the Girls Inc. Girls Sun	
□ In case of illness or emergency, I underst below.	tand that every effort will be made to contact emerger	icy contact listed
	authorization to YWCA of Syracuse & Onondaga Co	ounty to seek medical
treatment and if needed arrange for transp	ortation.	•
	rant permission for my child to be photographed duri	
	'program, YWCA of Syracuse & Onondaga County, a ricted right to use the photos and my child's name, for	
	ricted right to use the photos and my child's name, for er, newspaper, television, and/or on website and waive	
inished promotional product.	,, in the party content of the party and the	the right to inspect the
	n may be released to Syracuse University, ESF, and an	
	ed to programming, education, and Covid 19 contact to	tracing <mark>.</mark>
	the Girls Inc. assessment survey during this event. 8:30am and the event ends at 3:45pm. Items will be ra	offled during the closing
ceremony and only children present at that		and during the crossing
understand and give permission for all ch	ecked items above.	
Signature:	Date:	
Check here if you will chaperone severa	al girls and bring a large vehicle: ☐ Yes ☐ No	
Parent/Guardian Information		
D 4/C P N	DI.	
	Phone	
EmailAddress	Cityl State   7in	
Auuress	City  State   Zip	
Pick up name:		
Alternate pick up name:		
Additional emergency contact info	ormation (in case guardian cannot be reached	1):
Name:		
To register, each child must have a complete		
Ulacca cand completed Degictration and proc	aram baai 85 00 Dlagga gall with guagtians	<b>3.</b> 1

To register, each child must have a completed registration for Please send completed Registration and program Fee: \$5.00 Girls Inc. at the YWCA of Syracuse and Onondaga County % Caitlyn Copfer 401 Douglas Street Syracuse, NY 13203 <a href="mailto:ccopfer@ywca-syracuse.org">ccopfer@ywca-syracuse.org</a>

Please call with questions: 315-424-0040











Please be Family/Ho Total Num	ousehol	d Profile:		, we <b>MUS</b>	T report t	to our fund	ders to co	ontinue of	fering qua	ality progr	amming.	
Relationsh	hips to C	hildren:										
Mother	rSte <sub>l</sub>	o-Mother	Foste	r-Mother _	Fathe	rStep	o-Father _	Foster	-Father _	_Grandm	other	
Grandf	father	_Legal G	uardian _	Parent	's-Live In	Partner _	Other:			_		
Total Num	nber of C	hildren: _	Of	these, ho	w many l	ive full-tin	ne in the h	nouseholo	l?			
				ome: - \$25,000								
<b>Supp</b> Support	ort:	Family As	sst7	Гетр. Ass	stC	AP\$	SSI	lobs Plus	Chil	ld Suppor	tNo	Additional
Girls Prof	file: Hav	e you atte	ended any	other Gir	ls Inc. Pro	ograms?						
Afterscho	ool											
Afters	chool Pro	ogram/Lo	cation	_This Girl	Can(	Girls Inc (	② Zonta _	VOICE	ESJu	st Be	Creating	the Future
Winter   S Camp on the Mo	Discove	ryDR	EAMBuild				•	ngineers _	Girl Oı	n the Mov	e (Summ	er)Girl
Events												
Expan Workshop Other:	Hoo	ps & Dre	amsS	•		Youth	Empowe	rGirls	s Summit	Moth	er+Daugh	iter
$\Box$ I would					the YWC	A upcomir	ng events					
M/D/YY		DOB	M/F	American Indian or Alaska Native	Asian	Black or African American	Hispanic	White	Native Hawaiian or Other Pacific Islander		Other Race	
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	2								_			
	3											
	4											
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