

THE SISTER POWER ORGANIZATION RESOURCE CENTER FOR GIRLS

Girls Power Club Enrollment Form

You must include photo, child medical record, recent report card, and test scores

Today's Date _____ School Year: _____ (write the year)

Circle One - New Student: or Renewing Student Age: _____ Grade: _____

Child's Name: _____

First

Last

School: _____

Parent Name: _____

Home Address: _____

Apartment #: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Email: _____

Place of Work: _____

Work Phone (Ext.): _____

Mobile Phone Number: _____

Child's Racial/Ethnic Group: African Am. Asian Am./Pacific Islander
Hispanic/Latino Am. Native Am. Caucasian Other (circle one)

Child Date of Birth: _____ Siblings (check one): Male Female

1. Emergency Contact: _____

Phone: _____

2. Emergency Contact: _____

Phone: _____

List 2 people who are authorized to pick up your child and the relationship to child

Name _____ Relation: _____

Name _____ Relation: _____

My child has my permission to leave center or return home alone - Yes ___ or No ___

Does Child have learning disability? If so, what _____

List all Medications your child is taking: _____

List all Medical Problems/Allergies/Physical Restrictions: _____

Child's Physician: _____

Physician Number: _____

Preferred Hospital or Clinic: _____

Does your child participate in other youth programs? _____

Child lives with: (Check One)

Both Parents Mother Father Aunt/Uncle
 Sister/Brother Grandparent Guardians Other

You must include with the application: (Check if included)

Photo ___ Medical Records ___ Latest Report Card ___ Reading Test Scores ___

Please write here anything we should know about your child

I give consent to The Sister Power Organization, Inc. to use your child's name, and any photograph/portrait or other image in which the child appears for membership cards, promotional, special events, TV tapings, website, and/or fund raising purposes as it relates to programming.

I AGREE TO PAY ANY LATE FEES IMPOSED AS A RESULT OF LATE PICK UP OF MY CHILD AT END OF DAY. I UNDERSTAND THAT MY CHILD WILL NOT BE PERMITTED TO ATTEND ANY PROGRAMS IF I EXCEED 2 WEEKS BEYOND PAYMENT DUE DATE. I ACCEPT FULL RESPONSIBILITY FOR MY CHILD'S LOST OR STOLEN ITEMS AT OR IN CARE OF SISTER POWER. SISTER POWER ASKS THAT VALUABLE ITEMS REMAIN HOME.

Parent's or Guardian's Signature: _____

Date (Month/Day/Year): _____