

GIRLS INCORPORATED OF OMAHA
MEMBERSHIP REGISTRATION FORM
Membership fees are not refundable.

Today's Date: _____

KATHERINE FLETCHER CENTER _____ EMMA LOZIER CENTER _____

MEMBER INFORMATION:

Girl's Name: _____ Home Phone: _____

Age: _____ Birthdate: Month _____ Day _____ Year _____

Home Address: _____ City: _____ Zip: _____

School: _____ Grade: _____

Special medical conditions, illness, diseases, or allergies:

Yes

No

If yes, please explain (include list of medications currently being taken and/or taken on a regular basis, and whether an inhaler is used):

PARENT / GUARDIAN INFORMATION:

I am: Her Mother Her Foster Parent
 Her Father Her: _____

Place of Employment: _____

My Name: _____

Work Phone: _____ Ext: _____

Total Number Living in Household: _____

Cell/Home Phone: _____

Signature: _____

E-Mail Address: _____

Date: _____

2nd Parent/Guardian Information:

This person is her: Her Mother Her Foster Parent
 Her Father Her: _____

Name: _____

Work Phone: _____

IN CASE OF EMERGENCY*:

Name: _____ Phone: _____ Relationship: _____

* Use the back of this sheet to list additional individuals for Emergency Contacts.

THESE PEOPLE HAVE PERMISSION TO PICK UP MY DAUGHTER* (MUST BE 18 OR OLDER):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

* At least two non-parental individuals are required for Pick-Up. Use the back of this sheet to list additional individuals for Pick-Up or Emergency Contact.

FOR OFFICE USE ONLY:

Staff - App Review 1	Age Group	Transport?	Evaluation?	Medical Treatment	Asthma?	Media?	General Field Trip?	Sex Ed?	Names on Back?
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GIRLS INCORPORATED OF OMAHA MEMBERSHIP REGISTRATION FORM

IN CASE OF EMERGENCY:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

THESE PEOPLE HAVE PERMISSION TO PICK UP MY DAUGHTER (MUST BE 18 OR OLDER):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

FOR OFFICE USE ONLY:

	A	D	I		A	D	I
<input type="checkbox"/> Paid In Full	_____	_____	_____	<input type="checkbox"/> Payment Plan	_____	_____	_____
<input type="checkbox"/> Scholarship	_____	_____	_____		_____	_____	_____
<input type="checkbox"/> Title XX	_____	_____	_____		_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____		_____	_____	_____

**GIRLS INCORPORATED OF OMAHA
MEMBERSHIP REGISTRATION FORM**

PARENT / GUARDIAN PERMISSION FOR COPIES OF SCHOOL RECORDS*

_____ *Name of Girl* _____ *Date of Birth* _____ *Age*

_____ *Name of School* _____ *Grade*

A. PERMANENT STUDENT RECORDS

When Girls Inc. has access to grades and other school information, we are better able to help your daughter succeed in school. We may also be able to help her access special opportunities or scholarships.

- Yes, I _____ consent to Girls Inc. using my child's official permanent records
Parent/Guardian Signature (parent's name, student's name, birthdates, grade level, academic
or level of achievement, test scores – standardized achievement and
aptitude tests, attendance data, etc.).
- No, I _____ do not consent to Girls Inc. using my child's official permanent
Parent/Guardian Signature records.

B. IMMUNIZATION RECORDS CONSENT

**** Consent to obtain immunization records is required for Girls Inc. membership. ****

- Yes, _____ give my consent for Girls Inc. to obtain my child's immunization
Parent/Guardian Signature records from her school.
or
- No, I _____ do not give my consent for Girls Inc. to obtain my child's
Parent/Guardian Signature immunization records from her school. Instead, I will provide a copy
for Girls Inc.'s files.

Date Records Provided to Girls Inc. / Staff Initials

* The information on this page will be shared with your child's school.

GIRLS INCORPORATED OF OMAHA
MEMBERSHIP REGISTRATION FORM

PLEASE CHECK ALL BOXES THAT APPLY:

- My child: Wears contact lenses
 Is colorblind
 Knows how to swim in the deep end

The following information is confidential and used only for statistical purposes:

- Race: American Indian/Native American
 Black/African American
 Hispanic/Latino
 White/European Descent
 African
 Multiracial
 Other: _____

NATIONALITY (Where were you born) _____

- My child lives with: 2 Parents
 Mother Only
 Father Only
 Foster Parent
 1 Parent at a Time (Joint Custody)
 Other: _____

- Income: Under \$10,000 \$20,000 - \$25,000 \$35,000 - \$40,000 \$50,000 - \$60,000
 \$10,000 - \$15,000 \$25,000 - \$30,000 \$40,000 - \$50,000 Over \$60,000
 \$15,000 - \$20,000 \$30,000 - \$35,000

Please indicate if your child receives Free, Reduced, or Paid Lunch at school. _____

Does parent/guardian live in public housing or receive Section 8 benefits: No Yes

Number of people in household: _____

Do you have an immediate family member serving in the military: No Yes, Relationship: _____

If yes, initial service date: _____

Main Language Spoken At Home: English Spanish Other _____

DIVERSITY

Girls Inc. of Omaha has (and celebrates!) a very diverse group of members. If there any cultural or religious beliefs that may impact your daughter's diet, activity participation or choices at Girls Inc., please let us know so we can provide alternates (or let you know if we are unable to do so):

GIRLS INCORPORATED OF OMAHA
MEMBERSHIP REGISTRATION FORM

EMERGENCY/MEDICAL TREATMENT

Girls Inc. does not have licensed medical professionals on staff.

I, _____ (Parent/Guardian) have determined that Girls Inc. staff is competent to give or apply medication to my child(ren) _____. I understand that Director of Operations or the Center Director have the responsibility to assess the ability of staff to give or apply medications safely and may give or apply medication to my child(ren).

Signature: _____ Date: _____

A. GENERAL

In the event emergency medical aid or treatment is required for my child due to illness or injury during Girls Inc. activities, I authorize Girls Inc. to:

1. Secure and retain medical treatment and transportation if needed
2. Release my child's records upon request to the authorized individual or agency involved in the medical emergency treatment
3. Implement emergency response to life-threatening asthma or systemic allergic reactions as described in section B.

This authorization includes, but is not limited to, x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician.

Yes, I _____ give my consent for emergency medical aid as described above.
Parent/Guardian Signature

Primary Physician's Name _____ Phone # _____

B. TREATMENT OF SYSTEMIC ALLERGIC REACTION OR ASTHMA

Yes, this girl is at risk of an asthma attack. Parents are required to annually submit a copy of the Asthma Action Plan submitted to her school. This plan must be submitted within 30 days of her enrollment/re-enrollment. Talk to the Director of Operations or the Center Director if you have questions or need more information.

Yes, this girl is at risk for an allergic reaction such as: *(mark any reactions she has had in the past)*

Hives Swelling Asthma attack

Anaphylaxis Other: _____

She has a history of an allergic reaction to
Foods: *(mark any that apply)*

Peanut Nut Egg Soy Wheat

Fruits Milk Other: _____

And/Or: *(mark any that apply)*

Animals Insect stings Outdoors Other: _____

**GIRLS INCORPORATED OF OMAHA
MEMBERSHIP REGISTRATION FORM**

DINNER

During the school year, once dinner begins we will not page girls to the front desk until dinner is over. You may choose to place your daughter on the **No Dinner** list in which case she may be picked up any time after the power hour of programming.

- I _____ want my daughter to eat dinner regularly. I will call if there is an exception.
Parent/Guardian Signature
- or
- I _____ want my daughter on the no dinner list.
Parent/Guardian Signature

PARENT / GUARDIAN CONSENT

A. RELEASE & AGREEMENT

My child is joining Girls Inc. with my consent. I hereby release Girls Inc., its Board of Directors, agents, contractors, and employees from any and all claims, causes of action, liability, suits, or demands for compensation for injuries or property damage resulting from a) my child taking part in and/or assisting with any Girls Inc. activities, or b) designated Girls Inc. personnel administering emergency medical treatment as authorized in Section A and B above.

- Yes, I _____ have read and understand the Release & Agreement information.
Parent/Guardian Signature

B. TRANSPORTATION CONSENT

Girls Inc. provides transportation from area schools to the Center &/or for field trips. After school pick-ups are provided via a partnership between Girls Inc. and NorthStar. Transportation may be staffed by adults from either organization and may be co-ed.

- Yes, I _____ consent to my child riding on Girls Inc. &/or NorthStar transportation.
Parent/Guardian Signature
- Yes, I _____ understand that my child must have her ID badge to board transportation.
Parent/Guardian Signature

C. EVALUATION CONSENT

I give permission for my daughter to participate in evaluation activities at Girls Inc. These activities may include taking surveys, testing for skill development and/or knowledge, discussion groups, recorded observations of classroom participation, and other formal and informal activities designed to evaluate the effectiveness of the Girls Inc. experience.

- Yes, I _____ consent to my child participating in evaluation activities.
or
Parent/Guardian Signature
- No, I _____ do not consent to my child participating in evaluation activities.
Parent/Guardian Signature

**GIRLS INCORPORATED OF OMAHA
MEMBERSHIP REGISTRATION FORM**

Member's Name: _____

D. MEDIA / NAME CONSENT

- Yes, I _____ consent to Girls Inc. utilizing photographs/video of my child and/or
or *Parent/Guardian Signature* her name in promotional materials (website, articles in The Omaha
STAR, Omaha World-Herald, on Facebook, on YouTube, etc....).
- No, I _____ do not consent to Girls Inc. utilizing photographs/video of my child
Parent/Guardian Signature and/or her name in promotional materials.

E. PARTICIPATION IN GIRLS INC. PROGRAMS CONSENT

I understand that in order to preserve the programming hour during the school year, Girls Inc. will not regularly page girls to the front desk for pick up during the power hour of programming. I will make prior arrangements by telephone or written note in order to pick her up during the program hour.

- Yes, I _____ have read and understand the Participation in Girls Inc. Programs
Parent/Guardian Signature information in the Membership Handbook.

F. PARTICIPATION IN FIELD TRIPS CONSENT

From time to time, Girls Inc. receives last minute tickets or admissions to local museums or events and we would like to take every advantage of these great opportunities. If you sign below, you give permission for your daughter to attend these field trips without a specific permission slip and on a given day if your daughter should not attend an unscheduled field trip due to a doctor's appointment or other conflict, it will be your responsibility to call us and let us know.

- Yes, I _____ give my consent for my daughter to participate in last minute field
or *Parent/Guardian Signature* trips and activities.
- No, I _____ do not give my consent for my daughter to participate in last minute
Parent/Guardian Signature field trips and activities.

G. RULES & REGULATIONS FOR MEMBERS

- Yes, I _____ agree that Girls Inc.'s rules for members are important. I will review
Parent/Guardian Signature the Membership Handbook's basic rules for the Center,
Transportation, the Computer Labs, and the Science Lab with my
daughter.

GIRLS INCORPORATED OF OMAHA
MEMBERSHIP REGISTRATION FORM

H. PARTICIPATION IN REPRODUCTIVE HEALTH PROGRAMS CONSENT

I want my daughter to have access to medically accurate information about reproductive health and sexuality. I give permission for her to participate in age-appropriate health programs at Girls Inc. delivered by trained professionals on the Girls Inc. staff as well as from community partners such as UNMC, Planned Parenthood, Nebraska AIDs Project, and Douglas County Health.

Yes: _____
Parent/Guardian Signature

No: _____
Parent/Guardian Initial

I want to be invited to parent/daughter programs about reproductive health and sexuality.

Yes: _____
Parent/Guardian Signature

No: _____
Parent/Guardian Initial

I want my daughter to have access to **local health clinics for reproductive health services** (which may include STD testing, prescriptions for contraception, preventative health checkups and PAP smears). I give permission for Girls Inc. staff to transport my daughter to local clinics (Charles Drew, One World, or Planned Parenthood). I understand that Girls Inc. will not inform me if my daughter chooses to request Girls Inc. transportation to a local clinic.

Yes: _____
Parent/Guardian Signature

No: _____
Parent/Guardian Initial

If my daughter chooses to be sexually active despite my counsel (and that of Girls Inc.) to delay sexual activity, I want my daughter to have **access to contraception** at Girls Inc. I give Girls Inc. staff permission to distribute condoms to my daughter. I understand that Girls Inc. will not inform me if my daughter chooses to request condoms at Girls Inc.

Yes: _____
Parent/Guardian Signature

No: _____
Parent/Guardian Initial

I understand that I can change my response to any or all of the above items by submitting my request in writing to Girls Inc. staff with a current date and my signature.

My Daughter's Name: _____

My Name: _____

My Signature: _____

Date: _____

**GIRLS INCORPORATED OF OMAHA
MEMBERSHIP REGISTRATION FORM**

WEATHER / EMERGENCY CANCELLATION PROCEDURE

The information on this page will be shared with your child's school.

Name of Girl

Date of Birth

Age

Name of School

Grade

In cases of extreme weather conditions or other emergencies, Girls Inc. may deem it necessary to close early or not provide transportation to or from our sites. Girls Inc. follows the Omaha Public School guidelines; if OPS is closed due to extreme weather, Girls Inc. will be closed.

If Girls Inc. deems it necessary to close after the school day has begun, Girls Inc. will call the schools to inform the girls. **Be sure your girl(s) know what to do in this situation.**

IMPORTANT: This information is required.

Please be specific and list more than one option:

If Girls Inc. calls the school to inform my girl(s) that Girls Inc. is closed, my girl(s) knows she should:

Parent/Guardian

Name: _____ Day Phone: _____ Evening Phone: _____

Parent/Guardian

Name: _____ Day Phone: _____ Evening Phone: _____

Other Emergency Contacts:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

There may be other times when Girls Inc. must close even though schools are open. These situations may include but are not limited to: a burst pipe, no heat, no electricity in the building, etc. In this event, the weather/emergency protocol listed above will be in effect.

United Way of the Midlands - Girls, Inc.
 Consent to Release Student Records
 Omaha Public Schools

2018-2019

The Omaha Public Schools (OPS) seeks to support students and families and to remove barriers to success in school. OPS works with Omaha area community organizations to provide district identified needs and student and family support programs. Organizations working with OPS are required to monitor and report student progress toward program goals.

Program staff views student information stored by the United Way of the Midlands and by OPS. End of year data is provided and the program uses the information to monitor and evaluate their services. OPS must approve any research to study the impact of participation in this community program using the student information.

The consent of a parent or a legal guardian of the student is required for OPS to release the requested student information from your child's education records. Eligible students age 18 or older may consent to the release of their own student records.

By signing this form, I give consent to the Omaha Public Schools to release all of the student information in the categories/examples listed below. I give consent to the Omaha Public Schools to release any additional student information approved by OPS in the future to the program and the United Way of the Midlands. (Signature and date required below).

Student Demographic Information

District, State ID Numbers
 Student Name, Date of Birth, Addresses
 Gender, Race, Ethnicity
 Home/Correspondence Language, ELL, LEP
 Enrollment, School, Grade

Attendance

Absences, Dates, Reasons

Schedule / Grades / GPA

Class Schedule, Grades, GPAs
 Transcripts/Credits

Parent / Guardian Demographic Information

Name, Relationship to Student, Address, Telephone Numbers

District, State, and National Test Scores

Not to include scores for internal OPS use only

Emergency Contact Information

Name, Relationship to Student, Telephone Numbers

School and Program Staff Communication

Eligibility of student to participate
 Progress toward program goals

This Consent to Release Student Records expires upon any of the following events, whichever comes first:

- When my child no longer participates in the program, or (agency to inform OPS-SIS)
- When my child transfers from OPS, enrolls from an elementary school to a middle school, or
- When OPS releases end of year data after one of the preceding events, or
- When a parent/guardian requests OPS Student Information Services to revoke the consent.

Student Last Name (legal):	Student Number:
Student First Name (legal):	School: Grade:
Student Middle Name (full):	Program: Girls, Inc.
Home Address:	Birth Date: mm / dd / yy
City: Zip:	Gender: M / F
Are you the legal guardian of this student? Do we have the documents of guardianship in our files? Yes / No If No, do not sign. The records will not be released without the signature of the parents/guardians of record in OPS. If you need to establish legal guardianship, contact the student's school.	
Parent Last Name (legal):	Relationship to Student:
Parent First Name (legal):	Home Phone:
Parent Middle Name (full):	Cell Phone:
Parent/Guardian Signature:	Date: mm / dd / yy

2018 - 2019

Office Use Only

Verified

Flags

Initials

STRONG, SMART & BOLD OUTCOMES SURVEY CONSENT FORM
Youth, ages 9-12



As part of a larger initiative, Girls Inc. of [Omaha](#) is taking part in the **Strong, Smart & Bold Outcomes Survey**. The survey will take place in Girls Inc. organizations across the United States and Canada, and asks girls questions about topics such as nutrition and physical activity, school engagement and grades, leadership and relationship skills, risky behaviors like alcohol, tobacco, and drug use, and her experience at Girls Inc.

The survey takes 20-30 minutes to complete.

The survey has been designed to be taken on-line, and will cause little or no risk to your daughter. The only potential risk is that some girls may find certain questions sensitive, like questions about cigarettes, alcohol or drugs. Girls will not put their names on the survey, and no one at Girls Inc. of [Omaha](#) will see girls' individual answers. A code will be used instead of girls' names. Your daughter's survey answers will be added to those from other girls' surveys so that we can better understand what Girls Inc. is like for her and for other girls across the U.S. and Canada. Further, no individual girl or organization will ever be mentioned by name in a report of the results. All information from the survey is being used to assess the wellbeing of Girls Inc. members and will be kept completely confidential. Girls Inc. and its evaluators, the Department of Health and Human Services, and Advarra IRB may have access to the survey data, but never in a way that can identify your daughter.

Your daughter will get no direct benefit right away from taking part in the survey. The results of the survey will help your daughter and other Girls Inc. girls in the future by assisting the national Girls Inc. organization to develop programming and activities that best meet girls' needs.

We would like all selected girls to take part in the survey, but the survey is completely voluntary, and no one is required to participate. Girls may answer some, none, or all of the questions. Girls may also stop taking the survey at any point. There will be no loss of benefits to you or your daughter if you/she decide not to take part or to stop taking the survey.

Your daughter will not be paid for taking part in the survey, and there is no cost to you.

For more information, you may contact [Emily Mwaja](#) at [402-457-4676](tel:402-457-4676)

If you would like to see the survey, a review copy is available at

Please complete the section below and return it by [6/1/2019](#)

If you have additional questions or concerns about the survey, please contact Dr. Cristin Rollins, National Director of Research & Evaluation at Girls Inc., at crollins@girlsinc.org or [317] 634-7546 X130.

This study has been reviewed by an Institutional Review Board (IRB) to help ensure that your or your daughter's rights and welfare are protected and that this study is carried out in an ethical manner. For questions about your or your daughter's rights as a research subject, contact Advarra IRB at adviser@advarra.com or. [877] 992-4724 (toll free).

Girl's Name: _____ Girl's Age: _____

I have read this form and know what the survey is about.

PLEASE CHECK ONE OF THE BELOW:

- Yes, my daughter may participate in the survey.
 No, my daughter may NOT participate in the survey.

Parent/Guardian name: _____ Parent/Guardian signature: _____
PRINT SIGN

Date: _____

STRONG, SMART & BOLD OUTCOMES SURVEY CONSENT FORM
Teen, ages 13-18



As part of a larger initiative, Girls Inc. of Omaha is taking part in the **Strong, Smart & Bold Outcomes Survey**. The survey will take place in Girls Inc. organizations across the United States and Canada and asks girls questions about topics such as nutrition, mental and physical health, school engagement and grades, leadership and relationship skills, risky behaviors like alcohol, tobacco, and drug use, sexual activity, and her experience at Girls Inc.

The survey takes 35-40 minutes to complete.

The survey has been designed to be taken on-line, and will cause little or no risk to your daughter. The only potential risk is that some girls may find certain questions sensitive, like questions about alcohol, drugs or sexual behaviors. Girls will not put their names on the survey, and no one at Girls Inc. of Omaha will see girls' individual answers. A code will be used instead of girls' names. Your daughter's survey answers will be added to those from other girls' surveys so that we can better understand what Girls Inc. is like for her and for other girls across the U.S. and Canada. Further, no individual girl or organization will ever be mentioned by name in a report of the results. All information from the survey is being used to assess the wellbeing of Girls Inc. members and will be kept completely confidential. Girls Inc. and its evaluators, the Department of Health and Human Services, and Advarra IRB may have access to the survey data, but never in a way that can identify your daughter.

Your daughter will get no direct benefit right away from taking part in the survey. The results of the survey will help you or your daughter and other Girls Inc. girls in the future by assisting the national Girls Inc. organization to develop programming and activities that best meet girls' needs.

We would like all selected girls to take part in the survey, but the survey is completely voluntary, and no one is required to participate. Girls may answer some, none, or all of the questions. Girls may also stop taking the survey at any point. There will be no loss of benefits to you or your daughter if you decide not to take part of to stop taking the survey.

There is no payment or cost for taking part in the survey.

For more information, you may contact Emily Mwaja at 402-457-4676

If you would like to see the survey, a review copy is available at

Please complete the section below and return it by 6/1/2019

If you have additional questions or concerns about the survey, please contact Dr. Cristin Rollins, National Director of Research & Evaluation at Girls Inc., at crollins@girlsinc.org or [317] 634-7546 X130. This study has been reviewed by an Institutional Review Board (IRB) to help ensure that your or your daughter's rights and welfare are protected and that this study is carried out in an ethical manner. For questions about your or your daughter's rights as a research subject, contact Advarra IRB at adviser@advarra.com or. [877] 992-4724 (toll free).

Thank you.

I have read this form and know what the survey is about.

Girl's Name: _____ Girl's Age: _____

SIGN if age 18: _____ Date: _____

I have read this form and know what the survey is about.

PLEASE CHECK ONE OF THE BELOW:

- Yes, my daughter may participate in the survey.
 No, my daughter may NOT participate in the survey.

Parent/Guardian name: _____ Parent/Guardian signature: _____
PRINT SIGN

Date: _____