



# 2018 MUTUAL Girls Club -- Summer Registration - 2nd-5th Graders

3401 Price Rd. 918-336-9151 Office hours: 12-5 p.m.

Fall 2018

Girl's Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How would you prefer to receive communications from us?: Email Text Phone Calls

Family required to provide transportation to and from MUTUAL. Building opens at 8:30 a.m. Pick up by 5:15 p.m.

**Summer All Day Fee: \$30.00 per wk + \$5 enrollment fee Summer Half Day Fee \$15.00 per wk + \$5 enrollment fee**  
Monthly enrollment fees are to be PAID IN FULL by May 25<sup>th</sup> for the June session and June 29<sup>th</sup> for the July session.  
Weekly installments accepted throughout April and May. Cash/Check/Credit Card

CIRCLE Weeks Attending: **ALL 8 WEEKS** 1st (June 4-8) 2nd (June 11-15) 3rd (June 18-22) 4th (June 25-29)

**Closed July 2-6** 5th (July 9-13) 6th (July 16-20) 7th (July 23-27) 8th (July 30-August 3)

Sign up only for weeks girl will attend regularly. Space will NOT be held for weeks she does not attend. Please call if child will miss.

Girls Shirt Size: \_\_\_\_\_ Taller than 4'9" ? Yes \_\_\_\_\_ No \_\_\_\_\_

### Please Print Names: (IN HOME)

Mother/Guardian \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact Person (s):** If I can't be reached, I want one of the following notified, if possible, in case of serious accident or illness. These people are authorized to act for me, including picking up my child from MGC.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**RESTRAINING ORDER OR OTHER LEGAL RESTRICTIONS: The following person (s) may not pick up my child:**

Please include a copy of the restraining order with the application: \_\_\_\_\_

### Transportation:

I, parent/guardian of \_\_\_\_\_, a minor, agree to MUTUAL Girls Club of Bartlesville, Inc. rules. In consideration of my child's participation at MUTUAL, I hereby release, discharge, and/or otherwise indemnify MUTUAL, their employees and associated personnel against any claim by or on behalf of this girl as a result of her participation in the programs and/or activities at the facility and/or being transported to or from the same. I hereby authorize all transportation necessary for all camp activities.

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

By Parent or Legal Guardian

**Circle one choice for all permissions:**

1. **Yes / No** Girl may leave without an adult signing her out. Please initial \_\_\_\_\_ ONLY if you wish your child to leave the building alone without being signed out. Some families with a small child in the car choose to call into Club and ask girl to walk out to car without signing out.
2. **Yes / No** Photograph Permission to use at Club and/or newspaper, scrapbook, display boards, social media, or other appropriate printed material or videos.
3. **Yes / No** Girl may take supervised field trips with MUTUAL staff or other official, authorized driver.

**Attendance:**

I understand that the summer program is from 9:00 a.m. to 4:30 p.m. (building opens at 8:30 a.m. Pick-up no later than 5:15 p.m.) June 4th—August 3rd (closed July 2-6). The curriculum is faith based and builds upon the week before teaching character and life skills. Attendance is required to attend field trips. It is my responsibility to bring and pick-up my girl on time each day. By failing to be on time (either in the mornings or the afternoon) two times, my girl will lose her privilege to attend the program for the rest of the week. **In the event this occurs, no refunds will be made.**

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

**Remind Text/Email**

Date Subscribed \_\_\_\_\_

To provide weather-related emergencies or other reminders and/or information through text or email.

Subscribe for text: Send a text message to **81010** or **918.901.9941** with the message **@6f93f4**

Subscribe for email: Send an email to **6f93f4@mail.remind101.com**

**Grant Writing Information**

Please fill out this information to help MUTUAL when writing grants. Information is used only as % figure or as a total without names or other information.

**Circle Race:** African American / Caucasian / Hispanic / Native American / Other \_\_\_\_\_

**Circle Income:** Under \$25,000      \$25-35,000      Over \$35,000

**Girl lives with** (*Please circle all that apply*)      Both Parents      Mother or Father      Grandparent      Other

**For Office Use Only:**

Fee of \_\_\_\_\_ for June July Paid on Date: \_\_\_\_\_ by Cash / Check / Credit Card

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# Emergency Release Form

<b>Girl's name:</b>	<b>D.O.B.</b>
<b>Parent/Guardian:</b>	<b>Relationship:</b>
<b>Address:</b>	
<b>Home phone:</b>	<b>Work phone:</b>
<b>Cell phone:</b>	<b>Email:</b>

## EMERGENCY MEDICAL AUTHORIZATION

In the event emergency medical aid or treatment is required due to illness or injury while participating in program functions, outdoor activities or field trips, I authorize MUTUAL Girls Club, it's agents or assigns, to:

Secure and retain medical treatment and transportation if needed, and

Release the girl's records upon request to the authorized individual or agency involved in the medical emergency treatment. This provision will be invoked only if the person listed below cannot immediately be reached.

<b>Emergency Contact:</b>	<b>Phone number:</b>
<b>Physician's Name:</b>	<b>Phone number:</b>
<b>Preferred Medical Facility:</b>	
<b>Health Insurance Co.</b>	<b>Policy No.</b>
<b>Allergies:</b>	
<b>Medical Conditions:</b>	
<b>Medications:</b>	

<b>Signature</b>	<b>Relationship</b>	<b>Date</b>

## NON-CONSENT OPTION (ONLY)

If Parent/Guardian does not consent to the above emergency procedures and wishes alternate action taken, please state so here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medication Authorization

For the safety of each program participant, some medication will be held at the office, by the Program Coordinator, and administered by authorized personnel. **We only accept prescribed medication labeled with the girl's name by the pharmacy, and those that are related to Asthma, Diabetes and/or threatening allergic reactions.**

Medication **must be in the original container**, in a zip-lock bag, with the girl's name, accompanied by this form.

I \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_  
give my permission for MUTUAL Girls Club to:

PLEASE WRITE YOUR INITIALS ON THE LEFT SIDE OF THE OVER THE COUNTER MEDICATIONS LISTED THAT YOU AUTHORIZE MUTUAL GIRLS CLUB TO DISPENSE.	
	Dispense Acetaminophen (Tylenol) or Ibuprofen (Advil) to the participant for headache, fever or minor pain.
	Dispense Benadryl or generic equivalent to participant for allergic reactions.
	Dispense antibiotic ointment (such as Hydrocortisone Cream) for minor injuries.
	Dispense prescription or other over the counter medication designated by and provide by the parent/guardian or family physician.

I understand that MUTUAL Girls Club staff shall not be liable to the student, parent, or guardian of the child for civil damages for any personal injuries to the student, which result from acts or omissions in administering any medication while at the program.

Signature	Relationship	Date

### MEDICATIONS

Name of medication:	Reason for medication:
Dosage:	Time to administer:
Special indications:	
Side effects to report to parents:	
Side effects requiring immediate medical attention:	