



Here is a checklist to ensure that you have all of the necessary paper in order to register your child.

**ALL OF THESE THINGS ARE NECESSARY IN ORDER TO REGISTER.
NO EXCEPTION CAN BE MADE**

Child's Name: _____

Parent/Guardian's Name: _____

_____ COMPLETED APPLICATION

_____ HEALTH Questionnaire

_____ Child's Last Report Card (1 copy)

_____ Photo Permission Form

_____ \$30.00 Annual Membership fee

(Payment can be made by cash, money order or bank check)

NO PERSONAL CHECKS WILL BE ACCEPTED

Date of Registration: _____

Girls of Character Representative Initials: _____

Interviewed by: _____



Membership # _____
Membership Year: **2015**

Girls of Character Membership Application

Today's Date: _____

Child's First Name: _____

Child's Middle Name: _____

Child's Last Name: _____

Nickname: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's /Legal Guardian Name: _____

Phone Number: _____ Cellular Phone: _____

Address: (if different than child) _____

City: _____ State: _____ Zip: _____

Email Address: _____

Authorized to pick up child Yes No

Father's /Legal Guardian Name: _____

Phone Number: _____ Cellular Phone: _____

Address: (if different than child) _____

City: _____ State: _____ Zip: _____

Email Address: _____

Authorized to pick up child Yes No

****Contact Priority: In case of emergency please contact indicated person first****

Mother **Father** **Both**

Child's T-shirt size: youth ___ S, ___ M, ___ L adult ___ S, ___ M, ___ L, ___ XL Price \$12.00

Emergency Contact/ Authorized Pick up Information

Relationship to Member: _____

Person Authorized to Pickup Member: Yes No

Name: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Relationship to Member: _____

Person Authorized to Pickup Member: Yes No

Name: _____

Phone: _____ Type: _____

Phone: _____ Type: _____

Membership Agreements

*The Girls of Character will incorporate knowledge of God’s Word through the Holy Bible. This will increase the mission of the Girls of Character which is to build character in our girls so that they can become strong, independent, courageous, and responsible individuals. **Parent’s Initial** _____

***You** will be responsible for picking up and bringing your child to the designated group location, at the date and time each month. The girls are being taught to be responsible, so it is asked that you pick them up and drop them off **on time**. **Parent’s Initial** _____

*If there are events where funds are needed you will be asked to support the group by providing the funds for your child. Otherwise we will work diligently to fundraise to support ourselves. You will be informed in advance of those times. **Parent’s Initial** _____

*All of the girls can utilize this group to talk about their difficulties and their accomplishments. They will be taught the importance of respecting one another and most importantly respecting me and the other parents who assist me. If respecting me becomes a problem your child **will not** be allowed to participate in the Girls of Character. **Parent’s Initial** _____

*Parent Involvement is needed with the Girls of Character. The support that is needed is usually simply following up with your girl when she is given information to give to you or an assignment given by me. It doesn’t help the girls if they aren’t shown by you that what they are a part of is important. Ask your child about their group experience. **Parent’s Initial** _____

* There is a non-refundable initial fee of \$30.00 for enrollment. It must be paid at time enrollment. There is also a \$5.00 due each month for all Girls of Character members. Fines will be incurred for inappropriate behaviors which are due at the next meeting your child attends. If the fees are not paid at the time of the next meeting the fee may increased. **Parent’s Initial** _____

*The Girls of Character are **required** to complete 3 hours of community services per year. The community services hours can be completed in a nursing home, school (with their teacher), shelter, etc. It is the responsibility of the parent to make sure the hours are completed. **Parent’s Initial** _____

The Girls of Character are expected to maintain good grades. No girl will be able to participate with grades of D's and F's education is important. If not participating in the group to get their grades up to par is necessary then that will be the case. **Parent's Initial** _____

The Girls of Character will have fundraisers at Wal-Mart, Walgreens, and Sam's Club. All parents are required to assist in these fundraisers. **Parent's Initial** _____

Parents are expected to volunteer with the Girls of Character. **Parent's Initial** _____

*Due to the waiting list, it is only fair that you understand that if your daughter misses three groups they will be dropped from the group. Commitment is important. **Parent's Initial** _____

Walker's Release:

I hereby give my permission to permit my child to walk home at the end of the program day. I fully approve of this dismissal procedure and by signing this release, I hereby release and hold harmless the Girls of Character of any and all responsibility with my child walking home.

Parent/ Legal Guardian Signature _____ Date _____

Disclaimer:

I give my permission for my child _____ to attend the monthly group of the Girls of Character and to participate in all activities. I understand that the program is not responsible for the personal property of participants.

In case of emergency, I understand every effort will be made to reach the parent or guardian or emergency contact. In case I cannot be reached, I give permission to the hospital selected by the Girls of Character to secure proper treatment for my child as named above.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

