

**girls
inc.**

WHERE TEENS BUILD SELF-
CONFIDENCE, TEAMWORK AND
HEALTHY COMMUNICATION.

GIRLZONE



WEDNESDAYS 6:30PM - 8:30PM

For Girls 13 to 18

Topics include:

- **Stress Management**
- **Operation SMART (STEM)**
- **Economic Literacy**
- **Media Literacy**
- **Leadership**

For more info

vdercyck@durham.girls-inc.org

www.girlsinc-durham.org



Check it out!

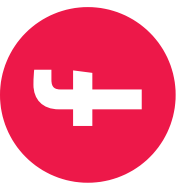


GET YOUR COMMUNITY
INVOLVEMENT HOURS

905-428-8111 ext. 225

@girlsincdurham

@girlsincdurham



COST:

\$25/ MONTH FOR MEMBERS

\$40/ MONTH FOR NON-MEMBERS

Subsidies available upon request

GIRLS INC. HQ

1-398 BAYLY ST. W

AJAX, ON L1S 1P1

Registration Form

Child's Name: _____

Birthdate: ___ / ___ / _____ (DD/MM/YYYY) Age: _____

School: _____ Grade: _____

Please indicate any medical information that you would like us to be aware of i.e. food allergies, medications, medical conditions etc.

Main Contact

Name: _____ Relationship to Child: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____

Alternative/Emergency Contact Name: _____ **Phone:** _____**Program Permission**

I hereby grant permission for my child _____ to participate in Girls Inc. of Durham programming. I give my consent for her to participate in field trips and neighbourhood outings arranged by the staff at Girls Inc. of Durham. Parents will be notified in advance of any such trips and may be asked to provide additional support depending on the outing. I understand that my daughter may be transported by vehicle or walking, with adult supervision, in order to arrive at the destination. I recognize that Girls Inc. might reach out to my family during the year to check in i.e. phone calls, chalking etc. I understand that my medical coverage is the primary insurer for my child and will not hold Girls Incorporated of Durham responsible in case of an accident or injury.

Parent/Guardian Signature: _____ **Date:** _____**Media Release**

There will be occasions where pictures or videos of your daughter will be taken to be used in media projects for the purpose of our program. These photos may also be used for public relation purposes, newsletter, brochures, annual reports, radio, television newspapers and our home website. I give my permission for my daughter to appear in any Girls Inc. of Durham publications.

____ I give my permission for my daughter to appear in any Girls Incorporated of Durham publications.

____ I do not give permission for my daughter to appear in any Girls Incorporated of Durham publications

Parent/Guardian Signature: _____ **Date:** _____**Girls Inc. Membership Options**

Single \$55 or Family \$70

Girls Inc. Members receive 20% discount off of all programs for a year

Member Monthly \$25 Non-Member Rate \$40**Monthly Topics**

September Allies in Action
October Leadership and Community Action
November Post Secondary Readiness
December Economic Literacy
January Leadership and Community Action
February Healthy Sexuality
March STEM
April Media Literacy
May Mind+Body
June Celebration Month

Payment Method: Cheque Cash Credit Card
 # _____
 Expiry Date _____ / _____ CVC# _____
 Name on Card: _____
 Where did you hear about us?

To register contact our office, email or visit our website
 vderyck@durham.girls-inc.org
 www.girlsinc-durham.org
 (905) 428-8111 ext. 225

OFFICE USE ONLY: Added to Sheets Payment Processed