

girls inc.

INSPIRING GIRLS TO BE
STRONG, SMART AND
BOLD!



GIRLSPACE

TUESDAY
6:30-8:30 PM
FOR GIRLS AGES 6-12

IN-PERSON OR VIRTUAL

Topics Include:

- 🌸 Operation SMART (STEM)
- 🌸 Allies in Action (Anti-Bullying)
- 🌸 Mind+Body
- 🌸 Leadership



GIRLS WILL GET THE CHANCE TO
DEVELOP LEADERSHIP SKILLS AND
PARTICIPATE IN ACTIVITIES THAT
BUILD SELF-CONFIDENCE AND
HEALTHY COMMUNICATION.

For more info:

cbenedicto@durham.girls-inc.org

www.girlsinc-durham.org

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

 905-428-8111 ext. 226

 @girlsincdurham

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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** STEM
- November** Media Literacy
- December** GirlSTART Literacy
- January** Leadership & Community Action
- February** Mind + Body
- March** Economic Literacy
- April** STEM
- May** Sporting Chance
- June** Celebration Month

Payment Method: Cheque Cash Credit Card

Expiry Date _____ / _____ CVV# _____

Name on Card: _____

Where did you hear about us?

To register contact our office, email or visit our website
 cbenedicto@durham.girls-inc.org
 www.girlsinc-durham.org
 (905) 428-8111 ext. 226

OFFICE USE ONLY: Added to Sheets

Payment Processed