



Girls Incorporated of Delaware (GIDE)

2020/2021 Cyber Learning Academy at Dennison Registration Form

of Delaware

PROGRAM POLICY

Girls Inc. of Delaware is able to offer a Cyber Learning Academy for the fall along with Girls Inc Programs, for free due to the funding we have received. This funding requires that we accomplish certain goals in our Girls Inc. Programming. As such, we are not your typical after school program. Monday through Friday, we deliver mission-based programs designed to inspire all girls to be strong, smart, and bold. To participate in our Cyber Learning Academy, your daughter will need to attend a minimum of 3 days per week until 3:30 each day to ensure that she receives the full benefit of the programs we provide. If you are unable to make that commitment, we are not the program for you currently. We hope you will keep us in mind for the future.

In addition, you and your daughter must be prepared to comply with the expectations agreement. Our program sites are "no bullying" zones and require good behavior to ensure we can fulfill our mission. Our staff will let you know if your daughter is having challenges and she will have an opportunity to improve her behavior. For all the girls to thrive and succeed, it is important that they support the creation of a positive learning environment.

If you support the work, we are trying to do to make a difference in the lives of all the girls we serve, then we can't wait for your daughter to begin attending our programs.

Start date: _____ (GIDE Staff Complete Only)

School Attending _____ Grade currently enrolled _____
Girl's Last Name _____ First Name _____ Date of Birth ____/____/____ Age _____
Address _____ Telephone # (____) _____

Street Apt. # City State Zip

Mother's Name _____ Employer _____ Work Number _____

Authorized to pick up: YES NO Cell _____

Father's Name _____ Employer _____ Work Number _____

Authorized to pick up: YES NO Cell _____

Do the child's parents live together? YES NO Is there a current custody agreement? YES NO If yes, please attach documentation.

Parent(s) Email Address(es): _____

Please provide a copy of medical insurance card

DATE OF CHILD'S LAST Tetanus Shot: _____ MMR: _____ Diphtheria: _____

Please initial indicating that all immunizations, as required by the local school district, are up to date: Copy of record is required.

Parent Initials: _____

EMERGENCY PROCEDURE AND HEALTH INSURANCE

In the event of an accident/emergency or injury occurs to a girl during program session(s), staff will take the necessary action to protect each girl from further harm. If care is not required by the ER it is our policy is to contact parent(s). If the parent is not reached, the staff will call the emergency contact person listed below.

GIDE does not carry health insurance for girls. I do not have health insurance for _____. A member of the GIDE Team to assist in locating resources. Signing below acknowledges you understand GIDE emergency procedure and information about individual information about health insurance.

Signature _____

Date _____

Signature _____

Date _____

Authorized Emergency Contact & Pick Up List

In the event of an emergency, parent/guardian cannot be reached, the following individuals (listed as emergency contacts) can be reached. In addition to the parent/guardian, all individuals listed below are authorized to pick my child up from after school.

Name	Phone #	Relationship to Child
1		
2		
3		
4		

Emergency Contact
Emergency Contact

Parent Signature _____ Date _____



Girls Inc. of Delaware Intake Form

Program Participation

- Cyber Learning Academy
- Evening
- Offsite (Schools, Churches, Other Community Agencies)
- Saturday (Workshop)

Member

- Yes
- No

Age

- 6 – 8
- 9 – 11
- 12 – 14
- 15 – 18

Family Income Status

- Under \$10,000
- \$10,000 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$30,000 and over

Ability to Pay (GIDE Staff Completion Only)

- POC
- Scholarship
- Private Pay
- Tuition Waved

Race/Ethnicity

- African American
- Caucasian
- Hispanic
- Asian American
- Native American
- Multi-Cultural
- Other

Client Behavioral Characteristics

- History of school suspension
- Held back a grade
- Reading below grade level
- Math performance below grade level
- GPA lower then 2.0
- Lack positive parental support
- History of abuse
- Currently pregnant or parenting
- Has dropped out of school

Family Status

- Mother & Father
- Mother Only
- Father Only
- Grandparents / Family Caregiver
 - Relationship to Child _____
- Foster Care
- Divorced or Separated
- Other



Girls Incorporated of Delaware Intake Form

Home Language

- English
- German
- French
- Arabic
- Spanish
- Other _____

Medication

- No
- Yes
 - Do we need administer?
 - No
 - Yes
- Medication form filled out at GIDE
This section filled out by GIDE staff

Client Challenges

- Learning
- Emotional
- Visual
- Hearing
- Mobility
- Developmental
- Hidden Health
- Multiple
- ADD
- ADHD
- IEP

(action plan required)

Explain: _____

- Physical: _____
- Other Disability: _____

About My Child

- Allergies (including food allergies)
 - No
 - Yes: _____
- Personality
 - Withdrawn
 - Passive
 - Assertive
 - Aggressive
- Peer Relations
 - Hard time making friends
 - Takes time making friends
 - Makes friends easily
- Additional Information you would like to share: (Attach separate sheet if more space is needed)

GIRLS INC. OF DELAWARE

CYBER LEARNING ACADEMY CONSENT, PERMISSION, AND WAIVER/RELEASE – 2020/2021

Girl's Name (Please Print): _____

Parent/Guardian's Name (Please Print): _____

Treatment/Emergency Care

I hereby grant permission to the emergency care physician and/or Girls Inc. of Delaware staff to order x-ray, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Girls Inc. of Delaware supervisor to secure and administer treatment, including hospitalization, for the person named above.

Signature _____

Date _____

Administration of First Aid

I give Girls Inc. of Delaware permission to administer basic first aid to my child when needed. I understand that I will be informed in any given situation that my child is ill or injured prior to picking them up from the program.

Signature _____

Date _____

Field Trip/Transportation

Girls Inc. of Delaware has permission to take my child on all pre-arranged field trips indicated as part of the Girls Inc. Cyber Learning Academy my daughter is registered for during program.

Signature _____

Date _____

Photo/Video Release

I give Girls Inc. of Delaware permission for _____ to be photographed/video-taped or interviewed for promotional purposes. At the center, during events, field trips, etc. I also grant permission for _____ to view age appropriate movies as part of the GIDE activities/program.

Signature _____

Date _____

Sunscreen Release

I give Girls Inc. of Delaware permission to apply sunscreen provided by me or from the Girls Inc. supplies during programs.

Signature _____

Date _____

Informed Consent

I understand that the Girl Inc. of Delaware activities have inherent risks and I hereby assume all risks and hazards incident to my daughter's (and family's) participation in Girls Inc. of Delaware activities. I further waive, release, absolve, indemnify, and agree to hold harmless Girls Inc. of Delaware, the organizers, volunteers, supervisors, officers, directors, participants, as well as persons or parents transporting participants to and from activities from any claims or injury sustained during participation and/or use of Girls Inc. property.

Signature _____

Date _____

Expectation Policy

I certify that my daughter is in good health and is amiable to normal discipline necessary for the success of the group experience. I have reviewed and discussed with my daughter the Girls Inc. of Delaware Expectation Policy. We agree to honor the expectation policies of Girls Inc. of Delaware and understand that it is at the discretion of the Program Director to suspend or dismiss from the program due to inappropriate behavior.

Signature _____

Date _____

GIDE EXPECTATION AGREEMENT

Girls are entitled to a pleasant and harmonious environment at the program centers, therefore girls who participate in all programs must abide by the Girls Inc. Agreement.

1. I will be respectful of other people.
2. I will be a good citizen and keep my hands and feet to myself.
3. I will be aware of others feelings and treat them with courtesy and kindness.
4. I will use appropriate language at all times.
5. I will tell the truth.
6. I will use good manners.
7. I will listen carefully and speak clearly.
8. I will put away my things in their proper place and clean after myself.
9. I will be respectful of other's property and Girls Inc. property.
10. I will remain with my group at Girls Inc. at all times unless I ask permission to leave and I am given permission to do so.
11. I will follow all rules when riding in the van or bus (for field trips)
12. I will keep all electronic devices in my book bag and will not use it while I am at Girls Inc.
13. I will assist in keeping Girls Inc. a bully- free, safe zone *****

GIDE EXPECTATION MANAGEMENT PROCEDURE

Staff members are trained to creatively work with children and teach them effective ways of expressing themselves and sharing their feelings with others. However, behavior issues can and do occur. In which case, the following steps will be adhered to with each child.

1. Staff member reminds the member of the agreement which has been broken.
2. Staff member will discuss the agreement a second time with the child and warn against being removed from the activity/area.
3. The child will be given an age appropriate time to remain out of the activity/area (one minute for every year of age).
4. If a second removal is required to the child in a single day, a behavior report will be written by the staff member interacting with the child. This report will be given to the parent or guardian at pick up to read and sign. The parent or guardian may receive a copy of the report as well. The report will then be filed into the child's enrollment file.
5. Suspension will depend on the severity of the situation and the behavior that has occurred on any given day.
6. The length of the suspension will be at the discretion of the Program Director.
7. Increased behavior incidents will result in a meeting with the Program Director, child's instructor, and child's parent or guardian.
8. Finally, if the behavior cannot be corrected through these steps, the child may be asked to leave the program.

**** If at any time a child leaves the program area and/or tries to physically leave the building without permission, it will result in an automatic suspension****

Please note that if the incident is serious in nature and causes injury or threat to the safety or wellbeing of other children or staff, the child may be suspended or discharged immediately at the discretion of the Program Director.

Student Name

Date

Parent Signature

Date

GIDE LATE PICK UP POLICY

PURPOSE: To maintain the integrity of the program and to respect the hours of operation of the program, the following policy has been put into place.

POLICY: The Girls Inc. of Delaware Wilmington branch closes at 3:30 pm during the Cyber Learning Academy. All children are expected to be picked up by a parent or authorized guardian by 3:30 pm. During Cyber Learning Academy, Girls must attend 3 days per week until 3:30 pm as specified in our program policy unless there is a family emergency or medical appointment.

LATE PICK UP PROCEDURE

- *If a parent/guardian will be late for whatever reason (flat tire, heavy traffic, weather conditions etc.) please call ahead of time to notify staff. If you know you are running late, please contact Girls Inc. at 302-575-1041 and let them know the anticipated time of pick-up. It is helpful for staff to know in advance so they can plan for staff coverage during the minutes the child is remaining in the program.*
- *If a parent has not contacted Girls Inc. staff by 3:25 pm, the Program Director will follow the contact protocol below:*
 1. First the parent/legal guardian will be called.
 2. If the parent/legal guardian cannot be reached, we will call from the child's authorized emergency contact list. We will continue to attempt contact with the parent/legal guardian and/or the authorized emergency contacts until 3:30 pm.
 3. If by 4:00 pm, we are still not able to reach any parent/legal guardian and/or an authorized emergency contact, we will call Child Protective Services and/or the local police department.
 4. Child Protective Services can be reached at: 800-292-9582
 5. Wilmington Police Department: 302-654-5151
- Parents must sign out their child with the accurate time of pick-up on the sign-out sheet. Pick-up time is determined from the Programs clock setting.
- The instructor assigned to supervise the remaining children will complete the Late-Pickup Form and the parent/guardian will be asked to sign it. You will be charged \$5 per minute past 3:30 pm.
- If you are having consistent difficulties in picking up your child by 3:30 pm please talk to the Program Director to help you find resources or assist to find solutions for prompt departure.
- Consistent late pick-ups without significant communication may lead to increase of fee and/or dismissal from the program.

Parent Signature

Date

www.girlsincde.org

Girls Incorporated of Delaware is an affiliate of Girls Incorporated a national nonprofit youth organization dedicated to inspiring all girls to be strong, smart and bold.





of Delaware

Girls Inc. of Delaware (GIDE) Covid-19 Policy

Girls are required to wear face covering while in GIDE care. Social distancing of 6 feet for school-age girls, as appropriate to the age and developmental levels of the school-age girls in program and the activities being performed. Note: if the girls are seated and facing the same direction, then 3 feet between girls, face coverings is required.

If a girl reports or is noted to have body temperature at or above 99.5 degrees Fahrenheit, a discussion must be had with the parent to determine if there is an underlying cause. The girl may be admitted to Cyber Learning Academy, but increased monitoring throughout the day must follow to ensure the temperature does not increase or additional symptoms do not develop. If a girl reports or is noted to have a body temperature at or above 100.4 degrees Fahrenheit, they must be sent home. Girls sent home for the center for illness may not return the next day. The girls must remain out of program until symptom free for 24 hours or with a doctor's note/Covid-19 results stating the child is not contagious or positive is provided. If any girl test positive they will have to quarantine for 14 days.

I understand that if _____ (girls name) does not comply with CDC/OCCL guidelines she may jeopardize her place in the GIDE Cyber Learning Academy at Dennison.

I have read and reviewed GIDE's Covid-19 Policy with my daughter.

Parent/Guardian Signature _____ Date _____

Girls Name _____ Date _____

Girls Signature _____ Date _____

