



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: \_\_\_\_\_

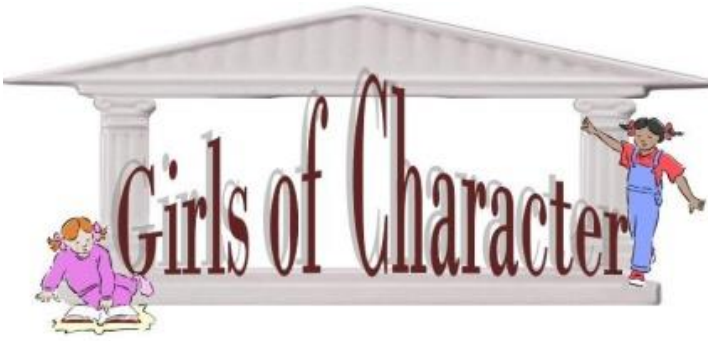
- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ Health Questionnaire
- \_\_\_\_\_ Photo Permission Form
- \_\_\_\_\_ \$125.00 Annual Membership Fee
- \_\_\_\_\_ Make checks payable to Girls of Character

Date of Registration: \_\_\_\_\_

Girls of Character Representative Initials: \_\_\_\_\_

Referred by: \_\_\_\_\_

Membership # \_\_\_\_\_  
Membership Year: **2020**



### ***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 **\$10.00**

***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 God fearing, 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. Please be on time. **Parent's Initial** \_\_\_\_\_

\*There will be events where additional funds are required; you will be responsible for providing these funds for your child. Ie Annual Retreat, American Girl Store, etc. **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 the staff/volunteer. If

respecting the staff/volunteers 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 GOC. 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 fee of \$125.00 for enrollment. It must be paid at time enrollment. If the \$125.00 enrollment fee is not paid at the time of enrollment there is a 10.00 a month additional fee charge per month. This additional fee will not exceed the month of March. **Parent's Initial** \_\_\_\_\_

\*The Girls of Character will have fundraisers at Wal-Mart, Candy Sales, etc. All parents are required to assist in these fundraisers. **Parent's Initial** \_\_\_\_\_

\*Respect is one of the 6 pillars of Character. Please be respectful to the organization by communicating whether your child will be in-group or not. Commitment is important. **Parent's Initial** \_\_\_\_\_

\*The monthly calendar is given out at the meeting in January and (1) one reminder will be sent out the week before each group. If your child does not attend and no communication has been made that your child will not be present for group, there will be a \$5.00 fine due at the next group attended by your child. **Parent's Initial** \_\_\_\_\_

**If the membership agreement is not kept your child's participation in Girls of Character will be further discussed. NV**

**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 medical 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** \_\_\_\_\_

