

## **April VACATION PROGRAM 2025**

### **EXSISTING MEMBER REGISTRATION FORM**

# April 21-25 / 7:30AM - 5:30PM Cost: \$125/week \$30/day

Member Name:	Age:	
Parent/Guardian 1 Name:	Phone:	
Parent/Guardian 2 Name:	Phone:	
Member of 2024-2025 After-School Program	2024 Summer Camp Member	
Emergency Contact/Permission to Release:  1	Phone:	
2	Phone:	
3	Phone:	
Please circle what days they will be attending: $M, T, W$	, TH, FRI or FULL WEEK	
<b>Photo Release:</b> Permission is granted for the use of pub photographs, films, video, voice recordings, etc. for pub sole property of Girls Inc.		
<b>Permission to Participate:</b> My child has permission to tunless such activity is limited by a pre-identified health roller skating, cooking, and Girls Inc. National Identity P	condition. Activities include but are not limited to	
Please list an allergies or medical conditions: In the event of an emergency, I hereby authorize Girls In necessary for my child's well-being, including securing a the undersigned. Further, I agree to release all employed from any and all liability or claims arising out of any sucle	nc. of Taunton to carry out any measure deemed ppropriate medical treatment at the expense of es, volunteers and agents or Girls Inc. of Taunton	
<b>Registration Fee:</b> Weekly membership fee is \$125. This fee is due at the time of registration. Late fee: \$15 for the first 15 minutes of late pick-up and \$1/minute thereafter. I understand that I am responsible for the registration fee and any late fees for which my child is registered.		
Parent/Guardian Signature	 Date	

#### **FEBRUARY VACATION PROGRAM 2025**

#### **EXSISTING MEMBER REGISTRATION FORM**



# February 17th-21st / 7:30AM - 5:30PM / Cost: \$125

Member Name:	Age:	
Parent/Guardian 1 Name:	Phone:	
Parent/Guardian 2 Name:	Phone:	
Member of 2024-2025 After-School Program	2024 Summer Camp Member	
Emergency Contact/Permission to Release:	Phone	
2		
3		
Please circle what days they will be attending: M, T	, W, TH, FRI or FULL WEEK	
<b>Photo Release:</b> Permission is granted for the use of p photographs, films, video, voice recordings, etc. for p sole property of Girls Inc.		
<b>Permission to Participate:</b> My child has permission to unless such activity is limited by a pre-identified heal roller skating, cooking, and Girls Inc. National Identity	th condition. Activities include but are not limited to	
Please list an allergies or medical conditions:  In the event of an emergency, I hereby authorize Girl necessary for my child's well-being, including securin the undersigned. Further, I agree to release all employers any and all liability or claims arising out of any securing securing and all liability or claims.	s Inc. of Taunton to carry out any measure deemed g appropriate medical treatment at the expense of yees, volunteers and agents or Girls Inc. of Taunton	
<b>Registration Fee:</b> Weekly membership fee is \$125. This fee is due at the time of registration. Late fee: \$15 for the first 15 minutes of late pick-up and \$1/minute thereafter. I understand that I am responsible for the registration fee and any late fees for which my child is registered.		
Parent/Guardian Signature	 Date	



## January 20th / 7:30AM - 5:30PM / Cost: \$30

Member Name:	Age:	
Parent/Guardian 1 Name:	Phone:	
Parent/Guardian 2 Name:	Phone:	
Member of 2023-2024 After-School Program	2023 Summer Camp Member	
Emergency Contact/Permission to Release:	Dlagae	
1	Pnone:	
2	Phone:	
3	Phone:	
Please circle what days they will be attending: M, T	, W, TH, FRI or FULL WEEK	
<b>Photo Release:</b> Permission is granted for the use of p photographs, films, video, voice recordings, etc. for p		
sole property of Girls Inc.	ublic relations and marketing purposes and are the	
Permission to Participate: My child has permission to		
unless such activity is limited by a pre-identified heal roller skating, cooking, and Girls Inc. National Identity		
Please list an allergies or medical conditions:		
In the event of an emergency, I hereby authorize Girls Inc. of Taunton to carry out any measure deemed		
necessary for my child's well-being, including securin the undersigned. Further, I agree to release all emplo		
from any and all liability or claims arising out of any s	<del>-</del>	
Registration Fee: Weekly membership fee is \$125.Th		
for the first 15 minutes of late pick-up and \$1/minute the registration fee and any late fees for which my chi	·	
 Parent/Guardian Signature	 Date	