

Day camp girl registration form

Name of parent/guardian _____

Home phone _____

Work phone _____

Cell phone _____

Email address _____

Address City _____ State _____ County _____ ZIP _____

Emergency contact:

Name _____ Relationship _____

Primary phone _____ Secondary phone _____

My daughter is under the custodial care of:

Both parents Mother only Father only Other _____

Camper's name _____ Birth date _____

School _____ Current grade _____ Grade in fall _____

Shirt size (specify youth or adult size) _____

Parent permission: I give my daughter, _____, permission to participate in all phases of the Girl Scouts of Central Indiana day camp program. I understand the arrangements as stated in the camp information. I will not allow her to attend camp if she has been exposed to any contagious disease, and will notify the camp director if this is the case. In an emergency, when neither I nor the emergency contact person named can be reached, I hereby authorize the camp director to take any action deemed necessary for the best interests of my daughter. I understand that part of the learning experience of day camp is living with peers; therefore, there is no visitation during sessions. I give permission for out of day camp travel when it is part of the day camp program. I give permission for all photos and videos of my daughter at day camp to be used for public relations purposes for Girl Scouts of Central Indiana.

Signature of parent/guardian _____ Date _____

Registration information

Register by mail

✉ **Mail the completed registration form to:**
Girl Scouts of Central Indiana
Attn: Program Registration
7201 Girl Scout Ln Indianapolis, IN 46214

Register by fax

📠 **Send the completed form and credit card information to:**
Attn: Program Registration at 317.931.3348

Are you currently a registered member of Girl Scouts of Central Indiana?

Yes, troop # _____ Service unit _____

Yes, Juliette (individual Girl Scout)

No, non-Girl Scout

Out of council

Council name _____

Additional information

(optional for statistical purposes only)

Camper's racial background

American Indian or Alaskan Native

Black or African American

Hawaiian or Pacific Islander

White

Other (Specify _____)

Camper's ethnic background

Hispanic or Latina Not Hispanic or Latina

Fee waiver information

Name of adult volunteering to work at day camp who is responsible for waiver of fee _____

Program Assistance Grant (PAG) Information

Is financial assistance needed? Yes No

If yes, include PAG application and \$20 deposit.

Disabilities

Please check if you need American Disabilities Act assistance. Explain _____

Buddy information (campers only)

Name one friend (first and last name) that you want in your unit. _____

Grade in fall (must be same as camper's) _____

Day camp individual registration form continued

Day camp aides only

With what age girls do you prefer to work with?
This does not guarantee you will work with this age.

- Girl Scout Daisy (Grades K-1)
- Girl Scout Brownie (Grades 2-3)
- Girl Scout Junior (Grades 4-5)

Leadership training

Please indicate year training occurred:

- Program Aide _____
- Day camp Aide-in-Training (AIT) _____
- Day camp Aide Training day _____
- LIT/CIT _____
- Other Girl Scout training _____

Session information (check one)

- Dellwood Sycamore Valley
- Na Wa Kwa Journey University
- Technology Titans

Session number: (circle one)

1 2 3 4 5 6 7

Date of session _____

- Check one: Camper Day camp aide
 Day camp Aide-in-Training

Transportation: Dellwood, Na Wa Kwa, and Sycamore Valley

- Check one: Car rider Bus rider

If bus rider, bus stop code _____

Bus stop location _____

Health history forms must also be attached for registration to be processed.

Payment information:

- MasterCard Visa American Express Discover

(American Express, Discover can not be used for online registration. Registration must be completed on paper registration form.)

Card number _____ Expiration date _____ Amount to be charged \$ _____

Name of credit card holder _____ Signature _____



Note: No refund will be given for any amount below \$5. Refunds are given only if cancellation is received at least two weeks prior to sessions. \$25 of fee will be retained for handling charges. Bus fees are not refundable.

Visit our website for online registration • girlscoutsindiana.org

Additional forms are available at any Girl Scout service center, by calling 317.924.6800 or 855.GSCIN.4U, on our website at girlscoutsindiana.org, or forms may be duplicated.

For office use only

Receipt to:

- 10-5230-300-2750-XXXX-190 (IU Res & Journey U.)
- 10-5230-300-2700-XXXX-190 (Dellwood)
- 10-5230-300-2700-XXXX-210 (Na Wa Kwa)
- 10-5230-300-2700-XXXX-220 (Sycamore Valley)
- 10-5200-300-2801-1530-XXX (Technology Titans)

- \$20 Program Assistance Grant \$ _____
- \$35 Non Girl Scout Fee \$ _____
- Session Fee \$ _____
- Total Amount Due \$ _____
- Round up \$ _____
- Amount enclosed \$ _____
- Cash
- Check # _____
- Charge

Round Up to help a girl come to camp!