



Summer SMART Camps

Registration begins April 26!

Week 1: June 14-June 18

7:30 a.m.-5:30 p.m.

Camp Focus: Operation SMART & My Girlfriend Zelda (6-9 years old)
Operation SMART & Friendly PEER (10-18 years old)

Week 2: June 28-July 2

7:30 a.m.-5:30 p.m.

Camp Focus: Operation SMART &
Girl Power!

Week 3: July 12-July 16

7:30 a.m.-5:30 p.m.

Camp Focus: Operation SMART &
Media Literacy

Week 4: July 26-July 30

7:30 a.m.-5:30 p.m.

Camp Focus: Operation SMART &
Media Literacy

Week 5: August 9-August 13

7:30 a.m.-5:30 p.m.

Camp Focus: Hands on Science!
Location: TBA

Operation SMART gives girls the opportunity to solve problems, ask questions and explore the fields of science, math, and technology.

Weeks 1-4 will be held at the Bob Duncan Center, 2800 South Center St. in Arlington.

Week 5, the girls will be traveling to locations to do hands on science experiments.

Swimming every afternoon at the Bob Duncan pool!

The Summer SMART Camps are open to girls ages 6-18.

Camp fee is \$40 per week per girl and includes field trips and swimming.
Girls can attend one or all camp sessions during the summer.

To register, please contact
LaTasha Van at 817-275-2120 ext. 221
or email summercamp@girlsinctarrant.org

**girls
inc.**[®]

Girls Incorporated[®]
of Tarrant County

Summer SMART Camp Enrollment Form



Girls Incorporated®
of Tarrant County

Date of Application (La fecha de Aplicación): _____

Name (El nombre): _____ Age(Edad): _____

Date of Birth (La fecha del Nacimiento): Month (Mes) ____ Day (Día) ____ Year(Año) ____

Nickname (Apodo): _____

Address (Dirección): _____

Apt#: _____

City (Ciudad): _____

Zip Code (Código postal): _____

Home Phone Number (En casa Número de teléfono): _____

Mother's/Guardian Name (El Nombre de Mother/Guardian): _____ Work

Phone (Trabaje Número de teléfono): _____

Father's/ Guardian Name (El padre/Nombre de Guardián): _____

Work Phone (Trabaje Número de teléfono): _____

Email Address: _____

Who should be contacted in case of emergency (Quién debe ser contactado en caso de emergencia):

Name (El nombre): _____

Phone Number (Número de teléfono): _____

Relationship (Relación): _____

Physician's Name and Phone Number (El Nombre del médico y el Número de teléfono):

Please list any people other than yourself who are permitted to pick up your daughter
(Liste por favor a cualquier personas de otra manera que usted mismo que son permitidos recoger su hija):

Name (El nombre): _____ Number (Número de teléfono): _____

Name (El nombre): _____ Number (Número de teléfono): _____

Name (El nombre): _____ Number (Número de teléfono): _____



Girls Incorporated®
of Tarrant County

Please list any special problems/limitations your child may have. Include allergies, existing/previous illness, diet restrictions, long term medications, recent hospitalizations, behavioral/emotional conditions:

My child requires the following medical treatment(s) to be given:

Medication can only be administered from its original container and if accompanied by written permission from parent and/or physician.

Child's Doctor: _____ Phone Number: _____

Address: _____ City: _____ State: _____

EMERGENCY MEDICAL RELEASE: If emergency medical care is deemed necessary and I cannot be contacted, I authorize Girls Inc. staff to act on my behalf in granting permission for my child to receive emergency medical treatment.

Parent/Guardian Signature: _____ Date: _____

TRANSPORTATION PERMISSION: I give permission for my child to be transported by Girls Inc. for field trips or special circumstances.

Parent/Guardian Signature: _____ Date: _____

PHOTOGRAPHIC PERMISSION: I give permission to Girls Inc. of Tarrant County to use photographs of my child in agency publications such as brochures, on the website, and flyers. Your child's photographs will not be used or sold to any other agencies.

Parent/Guardian Signature: _____ Date: _____

I have received and understand the Girls Inc. Parent Handbook and agree to abide by its contents. The information I have provided is true to the best of my knowledge, and I understand that all information is kept confidential and we do not disclose information without parental consent.

Parent/Guardian

Date



Girls Incorporated®
of Tarrant County

Discipline and Guidance Policy for Girls Inc. of Tarrant County

◆ **Discipline must be:**

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

◆ **A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:**

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

◆ **There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:**

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Print Name (Print)

Signature

Date

Summer SMART Camps

All camps will be held from 7:30 a.m.-5:30 p.m.

Weeks 1-4 will be at the Bob Duncan Center, 2800 South Center Street in Arlington.

Week 5, the girls will be traveling to locations to participate in hands-on science experiments.

Girls will be able to swim every afternoon at the Bob Duncan pool.

Please check the box next to the camp(s) you will be attending.

- Week 1: June 14-June 18**
Camp Focus:
Operation SMART & My Girlfriend Zelda (6-9 years old)
Operation SMART & Friendly PEER (10-18 years old)
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Camp Focus: Hands on Science!

Client Intake Form
Community Development Block Grant

*The information on this form is required for grant funding and reporting to the United Way.
The information will remain confidential and not be shared with any outside sources.*

Agency: _____
 Month: _____
 Project: _____
 Date: _____
 Name: _____
 Address: _____

Ethnicity: Hispanic Non Hispanic
 Client Age: _____
 Age of Head of Household: _____
 Sex of Head of Household: Female Male
 Number of People in Household: _____

Client Race

Circle One:

1	White	2	Black African American	3	Asian	4	American Indian Alaskan Native	5	Pacific Islander Native Hawaiian
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6	American Indian/ Alaskan native white	7	Black African American and white	8	Asian and White	9	American Indian Alaskan Native/ and Black/African American.	10	Pacific Islander/ Native Hawaiian and Asian
11	Other Race								

Household Income

Circle One:

	1	2	3	4	5	6	7	8
<30%	\$13,850	\$15,850	\$17,800	\$19,800	\$21,400	\$22,950	\$24,550	\$26,150
<50%	\$23,100	\$26,400	\$29,700	\$33,000	\$35,650	\$38,300	\$40,900	\$43,550
<80%	\$36,950	\$42,250	\$47,500	\$52,800	\$57,000	\$61,250	\$65,450	\$69,700

30%=Very low income (VLI) 50%=Low income (LI) 80%=Moderate Income (MI)

I certify that all of the information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

 Client Signature Date Staff Signature Date