



Enrollment Application

Date: _____

Name of Participant

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Parent's Information

Mother's Name _____

Address if different _____

City: _____ State: _____ Zip: _____

Email: _____

Father's Name _____

Address if different _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact Information

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information: _____

Medical record #: _____

I hereby give permission for my daughter _____ to attend and participate in all activities held by GIRLFRIEND, INC. I have read the following rules and regulation and are aware of the guidelines my daughter will have maintain to be a member of GIRLFRIENDS. I also allow for my daughter to participate in open discussions and attend any field trips that will be scheduled for the month. All parents will be notified in advance on monthly topics and activities that will be held.

Name of participant: _____

Signature: _____

Date: _____

Parent of participant: _____

Signature: _____

Date: _____

GIRLFRIENDS' representative

Name: _____

Signature: _____

Date: _____

Please email enrollment form to- kheicke@girlfriends-lbc.org or fax at 562-608-8809