



Girls with Purpose

SUMMER PROGRAM

**MANY ARE THE PLANS IN A MAN'S HEART, BUT IT IS THE
LORD'S PURPOSE THAT PREVAILS.
PROVERBS 19:21 (NLT)**

2026

REGISTRATION PACKET

Office: (305) 493-4085

Fax: (786) 840-8370

Email: camp@girlsoftransformation.com

Website: www.girlsoftransformation.com/summer-program



**MANY ARE THE PLANS IN A MAN'S HEART, BUT IT IS THE LORD'S PURPOSE THAT PREVAILS.
PROVERBS 19:21 (NLT)**

**SUMMER PROGRAM DATES: JUNE 8 - AUGUST 7, 2026
PARENT ORIENTATION: SATURDAY, JUNE 6, 2026 @ 3:00PM**

Dear Parents:

Thank you for your interest in the Girls with Purpose Summer Mentorship Program. Our program is a unique, inspiring, and creative Christian experience designed to empower girls in various areas, helping them discover and pursue their purpose. Through a mix of engaging activities, workshops, discussions, field trips, and special guest speakers, we'll motivate and encourage our girls to live a purpose-driven life. Get ready for a fun and rewarding experience that's anything but typical – Girls with Purpose is a summer program like no other.

SUMMER CAMP ENROLLMENT:

Enrollment in the Girls with Purpose Summer Mentorship Program is on a first-come, first-served basis.

To apply, you can either:

Apply online at www.girlsoftransformaton.com/summer-program. Mail in the completed Summer Program Application along with a \$50 non-refundable registration fee (please do not include tuition with your application). We'll notify each applicant of their enrollment status via email, typically within two weeks of receiving a complete application.

SIGN-IN SHEETS:

For the safety and accountability of our youth, we require that each parent or designated pick up/drop-off person signs in and signs out their daughter when dropping off and picking her up.

TUITION INFORMATION:

The weekly tuition for the Summer Program is \$185.00, with a one-time \$50 non-refundable application fee due upon submission. Payment options are flexible, allowing for weekly, bi-weekly, monthly, or full summer payments. Note that tuition does not include additional costs for field trips, before and after-care, or transportation. The weekly rate remains \$185.00 regardless of attendance. Payments for tuition, before and after-care, transportation, and late fees can be made online or in person using a credit/debit card, money order, or cashier's check (no personal checks accepted).

FIELD TRIPS DETAILS:

Field trips fees are already included in the tuition cost. For movie days, which take place on Wednesdays at 9:30am in Davie, please ensure your child is at the facility by 9:00am sharp, as we depart at 9:05am. On this day only the youth can come as early as 8:45am. Note that once we leave for a field trip, youth cannot be dropped off at the field trip location. However, they can attend the regular camp activities once we return to the facility.

TRANSPORTATION FEES & GUIDELINES:

We offer transportation services for local Miami Gardens residents and other areas that are less than 15 minutes' distance from our facility, at a weekly fee of \$50.00 for both pick-up and drop-off. Limited transportation is also available in certain Broward areas (please inquire for details). For one-way service (either pick-up or drop-off), the weekly fee is \$25.00. When picking up youth in the morning, drivers will wait for 3 minutes. If the youth is not ready, we will proceed to the next pick-up location and will not return for the youth.

EXTENDED CARE OPTIONS:

We offer before-care and after-care services for an additional fee. Before-care is available from 7:00am-9:00am for \$25.00 weekly, while after-care is available from 4:00pm-5:00pm for \$20.00 weekly.

MEALS PROVIDED:

Youth will receive complimentary breakfast, lunch, and snacks. To be eligible for breakfast, students must participate either in before-care or be a transportation rider.

DRESS CODE:

The dress code for our program includes wearing camp shirts, long or short pants, and closed-toe shoes. Sandals are not permitted. Each participant will receive one complimentary program shirt. Additional shirts can be purchased for \$15.00 (youth size) or \$20.00 (adult size).

SUMMER CAMP LOCATION:

Girls with Purpose Summer Mentorship Program is located at:
17090 NW 7th Avenue, Unit 106
Miami Gardens, Florida 33169

CONTACT INFORMATION:

Mailing Address: 17090 NW 7th Avenue, #106
Miami Gardens, Florida 33169

Physical Location: 17090 NW 7th Avenue, #106
Miami Gardens, Florida 33169

Website: www.girlsoftransformation.com
Email: camp@girlsoftransformation.com

Office: (305) 493-4085
Fax: (786) 840-8370
Emergency Mobile: (786) 823-0933

IMPORTANT: All documents can be submitted to our mailing address, email, or fax. Alternatively, you can also upload applications and

PROGRAM DETAILS:

The GWP Summer Program runs Monday through Friday from 9:00am to 4:00pm. Each participant will receive a program shirt, drawstring bag, Bible, folder, notebook, writing utensils, sunscreen, and water bottle. Meals include free breakfast, lunch, and one snack daily, with all necessary supplies provided. GWP youth are required to wear the program shirt every day, paired with comfortable bottoms and closed-toe shoes. Sunscreen is highly recommended. Cell phones are not allowed Monday through Thursday. On Fridays, participants can bring their cell phones or personal games, but please note that GWP staff will not be responsible for any loss or damage.

ADDITIONAL PROGRAM SHIRT:

Each participant will receive one free program shirt. Additional shirts can be ordered through our website or by contacting our staff. Prices for extra shirts are as follows:

Size: YOUTH: S M L - \$15.00 Size: ADULT: S M L XL \$20.00

APPLICATION COMPLETION:

Include the following:

- GWP Summer Program Application
- \$50 non-refundable Registration Fee

Send to either:

Mail: Girls of Transformation Mentoring Program, Inc.
ATTN: GWP SUMMER PROGRAM REGISTRATION
17090 NW 7th Avenue, #106
Miami Gardens, Florida 33169

Website: www.girlsoftransformation.com/summer-program

Email: admin@girlsoftransformation.com

Fax: (786) 840-8370

Cashier Checks and Money Orders should be made payable to:

Girls with Purpose Summer Mentorship Program, Inc.

*Please **do NOT** send tuition in at this time. First tuition payment is due on Saturday, June 6, 2026.*

IMPORTANT INFORMATION:

Applications available March 23, 2026 -- open until full.	<i>Transportation are limited and is first comes, first served – apply as soon as possible.</i>
Enrollment notification and return paperwork packet sent.	Two weeks after we received your complete application via email.
Tuition can be paid in full or on a weekly basis.	The first week tuition is due on or before Saturday, June 6, 2026 (no exceptions). Weekly tuition is due on Friday’s (no exceptions).
Return paperwork packets due...	Two weeks before the first day of Summer Program.

PAYMENT TERMS POLICY:

Registration fees are non-refundable. Additionally, weekly tuition is due regardless of attendance; absences do not exempt payment.

TUITION PAYMENT POLICY:

All weekly tuition fees are due on Fridays (no exceptions). A \$25.00 late fee will be added to accounts not paid by Friday. If tuition and late fees are not paid by Monday (before the youth's attendance), the youth will not be allowed to attend the camp until payment is made (no exceptions).

LATE PICKUP POLICY:

The summer program ends at 4:00pm. A \$10.00 late fee will be assessed every 10 minutes starting at 4:05pm. For example:

- 4:05pm: \$10.00 fee
- 4:15pm: additional \$10.00 fee
- 4:25pm: additional \$10.00 fee, and so on.

The same policy applies to 5:00pm pickup times. Note that notifications of being late or reasons such as traffic or parking issues do not waive the late fee.

CODE OF CONDUCT POLICY:

Our summer program maintains a respectful environment for all participants, staff, and parents. Disrespectful behavior or rude comments towards staff, youth, or other parents will not be tolerated and may result in immediate withdrawal of the youth from the program (no exceptions). Our staff are trained to follow organizational policies and procedures implemented by Executive Director Sonya Woodard. If issues arise, please request to speak with her. We strive to provide a family-oriented atmosphere, and rude or disrespectful behavior is unacceptable under any circumstances.

Thank you for your interest in the Girls with Purpose Summer Mentorship Program! We're excited to empower our girls and help them discover their purpose. ❤️ OUR GIRLS are created for a PURPOSE!

For any further questions, please contact our administrative office at (305) 493-4085 or email camp@girlsoftransformation.com. We look forward to working with you and your daughters this summer.



Girls with Purpose Summer Mentorship Program Registration Application (Thanks for printing legibly or typing)

SUMMER PROGRAM DATES: JUNE 8 – AUGUST 7, 2026
PARENT ORIENTATION: SATURDAY, JUNE 6, 2026 @ 3:00PM

YOUTH AND PRIMARY CONTACT INFORMATION:

Name of Youth: _____	Date of Birth: _____	Age: _____
Name you prefer to be called (if different): _____	Gender: () Male () Female	
Name of School: _____	Grade: _____	
T-Shirt Size (circle one): Youth: S M MED LG <i>or</i> Adult: SM MED LG XL XXL XXXL		
Mother/Guardian: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Mobile Phone: _____	Work Phone _____
Email address you check frequently: _____		
Father/Guardian: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Mobile Phone: _____	Work Phone _____
Email address you check frequently: _____		
Best way to contact you? (circle one) Home Phone Mobile Phone Email Mail		
<input type="checkbox"/> Please send my paperwork via US mail <i>or</i> <input type="checkbox"/> Please send my paperwork via email		

EMERGENCY CONTACT/AUTHORIZATION PICKUP:

The youth will be released only to the custodial parent or legal guardian and the persons listed below must be 18 years old. The following people will also be contacted and are authorized to remove the child from the summer program in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

Emergency Contact #1:

First Name _____ Last Name _____ Home Phone _____

Mobile Phone _____ Relation to Child _____

Emergency Contact #2:

First Name _____ Last Name _____ Home Phone _____

Mobile Phone _____ Relation to Child _____

Emergency Contact #3:

First Name _____ Last Name _____ Home Phone _____

Mobile Phone _____ Relation to Child _____

MEDICAL RELEASE INFORMATION:

I hereby grant permission for GWP Staff to contact the following medical personnel to obtain emergency medical care if needed.

Policy Number _____ Name of Health Insurance _____

Primary Physician _____

Phone _____

Dentist _____

Phone _____

Hospital Preference _____

Please list any medical concerns, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Are there any food or environmental allergies that we need to be aware of?

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes_ No_ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes_ No_ If yes, explain: _____

Does the child have any behavioral or emotional issues the staff should know about?

Yes_ No_ If yes, explain: _____

Does your child require a special diet?

Yes_ No_ If yes, explain: _____

The purpose of the above-listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. Is there any additional medical information that we may need to be aware of?

I understand that I will be notified in case of a medical emergency involving my child. If I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Girls with Purpose Mentorship Summer Program will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Photo Release - I hereby give permission for my child to be photographed during the **2026 Girls with Purpose Summer Mentorship Program**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Girls with Purpose Mentorship Summer Camp and its affiliates.

Parent's/Guardian's Initials _____

Girls with Purpose Mentorship Summer Program and its staff are not responsible for lost or damaged personal property. All scheduled events are subject to change. Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent's/Guardian's Initials _____

I hereby state that my child is physically and mentally capable of safe participation in GWP Programs. I assume all risks and hazards are incidental to the conduct of this program. I agree that GWP Mentorship Program shall not be responsible for any personal injuries or losses sustained by my child while on any GWP premises, GWP vehicles, or because of any GWP sponsored activity. I further hold harmless the GWP Mentorship Program from any claims or demands arising out of any such injuries or losses. I also authorize GWP to obtain medical treatment for my child in the event the parent(s), guardian, or emergency contact cannot be reached. I understand and agree to abide by the policies therein stated. I also give permission to the use of photographs of my children in GWP publications and news media and give permission to the above name child to participate in activities, field trips, and to use GWP owned and contracted transportation.

**Must be 21 years or older
and be the parent or legal
guardian to authorize
registration.**

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

To complete your application; please send the \$50.00 refundable registration fee to:

Girls of Transformation Mentoring Program, Inc. ATTN: GWP SUMMER PROGRAM REGISTRATION
17090 NW 7th Avenue, #106
Miami Gardens, Florida 33169
Website: www.girlsoftransformation.com/summer-program
(application and registration fee can be processed online)
Email: admin@girlsoftransformation.com
Office: (305) 493-4085
Fax: (786) 840-8370