



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)**

2023 REGISTRATION PACKET

Office: (305) 493-4085

Fax: (305) 974-2040

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 12 – AUGUST 11, 2023
PARENT ORIENTATION: SATURDAY, JUNE 10, 2023 @ 3:00PM**

Dear Parents:

Thank you for your interest in our Girls with Purpose Summer Mentorship Program. Girls with Purpose is an **INSPIRED** and **CREATIVE CHRISTIAN SUMMER PROGRAM** designed to groom our girls in various areas to pursue her **PURPOSE**. All activities, workshops, discussions, field trips, and invited special guests are designed to inspire, motivate, and push our girls toward a **PURPOSE DRIVEN LIFE**. GWP will be fun, but yet rewarding. Girls with Purpose is not your typical summer program.

APPLICATION PROCESS:

Please read the following carefully. *Summer Program enrollment is first come, first served.* If you prefer to apply online, you can find a link to our online application at www.girlsoftransformaton.com/summer-program. To apply by mail, please send us the **Summer Program Application** and the **\$50 non-refundable registration fee** (do not pay tuition at this time). We'll notify each applicant via email regarding enrollment status, typically within two weeks of receiving your complete application.

SIGN-IN SHEETS:

Each parent is required to sign-in their child when dropping them to the camp and sign out their child when picking them up from the camp. This goes for any person you designate to pick up and drop off your child at the camp.

TUITION:

The Summer Program weekly cost is \$125.00 plus a \$50 non-refundable application fee (due with application). The tuition fee can be paid weekly, biweekly, monthly, or you can pay for the entire summer. The tuition cost does not include field trips costs, before and after care cost, and transportation cost. Youth attending camp at least 3 days a week is considered a full week, and the full tuition of \$125.00 is to be paid. If the youth attend one day out of a week the cost is \$25.00, if the youth attend two days out of a week the cost is \$50.00, if the youth attend at least three days out of a week the cost is the full tuition of \$125.00. You can make tuition, before and aftercare, transportation, and late fees online. You can also pay in person using a credit or debit card, money order, or cashier check. **NO PERSONAL CHECKS.**

FIELD TRIPS:

The money for the field trips costs is due on Thursday's and expected to be paid in cash. You can pay the field trip cost on any day of the week except Friday's. On Wednesday's the movies start at 9:30am and

the movie location is in Davie, please have the youth at the facility by 9:00am. We'll be leaving at 9:05am. Once we leave to go on any field trip you cannot drop the youth to the field trip. You would have to wait until we return to the facility for the youth to attend the camp.

TRANSPORTATION:

Transportation pick-up and drop off for local Miami Gardens residence is \$30.00 weekly. We do provide transportation in certain areas in Broward (please inquire). One way is \$15.00 weekly. When picking up the youth in the morning, we'll give the youth 5 minutes to come out, after 5 minutes we'll leave to pick up the next youth. We will not return to pick up the youth.

BEFORE AND AFTERCARE:

Before care hours are 7:00am-9:00am for \$10.00 weekly. Aftercare hours are 4:00pm-6:00pm for \$10.00 weekly.

BREAKFAST, LUNCH, & SNACK:

All youth will receive free breakfast, lunch, and snack.

PROGRAM ATTIRE:

All youth are expected to wear program shirts, long or short pants, and closed in shoes. No sandals. Each youth are given one free program shirt. The cost for additional program shirts are youth size \$15.00 and adult size \$20.00.

SUMMER PROGRAM SITE:

Girls with Purpose Summer Mentorship Program is located at 17090 NW 7th Avenue, #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: (305) 974-2040

Summer Program Emergency Mobile: (786) 504-6766

IMPORTANT: SEND all documents to our mailing address, email, or fax. You can submit all applications and supporting documents online at our website.

WHEN TO SHOW UP AND WHAT TO BRING:

GWP is Monday-Friday from 9:00am-4:00pm. All GWP youth will receive a program-shirt, drawstring bag, bible, folder, note-book, writing utensils, sunscreen, and water bottle. Youth will receive free breakfast, lunch, and one snack. All necessary supplies will be provided. GWP youth are required to wear GWP program shirt everyday with comfortable bottoms of your choice, close-toed shoes, and sunscreen (if possible) highly recommended. **NO CELL PHONES ARE ALLOWED.** On Friday's GWP will be allowed to bring their cell phones or any game of their choice. Please note, if youth choose to bring her own personal games or cell phone, GWP Staff won't be responsible if it's lost or damaged.

PROGRAM SHIRT:

Girls will receive one free program shirt. You can order on our website or see one of our friendly staff to place additional program shirt order. The cost is as followed:

Size: YOUTH: S M L - \$15.00

Size: ADULT: S M L XL \$20.00

COMPLETING YOUR APPLICATION:

Include the following:

- GWP Summer Program Application
- \$50 non-refundable registration fee only
- All requested documents for financial aid support (if applicable)

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: (305) 974-2040

Cashier Checks and Money Orders should be made payable to:

Girls with Purpose

Please do NOT send tuition in at this time. First tuition payment is due on Monday, June 12, 2023.

IMPORTANT INFORMATION:

Applications available April 4, 2022 -- open until full.	<i>Financial assistance and transportation are limited and is first come, first served – apply as soon as possible.</i>
Enrollment notification and return paperwork packet sent.	Two weeks after we receive your complete application via email.
Tuition can be paid in full or on a weekly basis.	First week tuition is due on or before first day of summer program June 12, 2023 (no exceptions). Weekly tuition is due on Friday's (no exceptions).
Return paperwork packets due...	Two weeks before the first day of Summer Program.

REFUNDS/CARRYOVERS:

Registration fees are non-refundable. There're no carryovers.

LATE FEE:

All weekly tuition is due on Friday's (**NO EXCEPTIONS**). After Friday's there will be a \$10.00 late fee added to your account. If tuition and late fee are not paid by Monday, youth will not be able to attend camp on Tuesday (**NO EXCEPTIONS**) unless arrangements are made.

LATE PICKUP:

Please be advised the summer program ends at 4:00pm. There's a \$10.00 late fee assessed to your account every 10 minutes you're late. You'll be given a grace time of 4:04pm (this is not the pick-up time, it's just a grace time because we understand things happen, this is not a pass to pick up your child at 4:04pm). You'll still considered late. Once the clock turns to 4:05pm, you will be assessed a \$10.00 late fee, 4:15pm an additional \$10.00 late fee, 4:25pm an additional late fee, and so forth. If you call to say you're running late, you're still late, if you say there's no parking, you're still late, stuck in traffic, you're still late, and so forth. This is the same for 6:00pm pickup.

DISRESPECTFUL:

Disrespectful behavior from parents toward our staff, youth, and other parents in the summer program will

not be tolerated. We'll extend to you the same courtesy. Immediate withdrawal of the child from the program will take place (NO EXCEPTIONS). The rules of the summer program are implemented by the Executive Director of the program for the safety of your children and for legal reasons. The staff have been trained to follow the direction of the Executive Director instructions. If there's an issue that may arise, please request to speak to the Executive Director Sonya Woodard. This is a family-oriented program and rude/disrespectful behavior is unacceptable and will not be tolerated under no circumstances.

Thank you so much for your interest in the Girls with Purpose Summer Mentorship Program where we believe OUR GIRLS are created for a PURPOSE.

If you have any further questions, please feel free to contact our administrative office via phone (305) 493-4085 or email admin@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 12 – AUGUST 11, 2023
PARENT ORIENTATION: SATURDAY, JUNE 10, 2023 @ 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 *or* **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**

Please send my paperwork via US mail *or* 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 the case of a medical emergency involving my child. In the event that 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 **2023 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 incidental to the conduct of this program. I agree that GWP Mentorship Camp shall not be responsible for any personal injuries or losses sustained by my child while on any GWP premises, GWP vehicles, or as a result 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 18 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
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Website: www.girlsoftransformation.com/summer-program
(application and registration fee can be process online)
Email: admin@girlsoftransformation.com
Office: (305) 493-4085
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