

# "Just for Girls" Summer Program

Registration Packet

Life Skills

Field Trips

Asset  
Building

Abstinence  
Only  
Education

Self  
Esteem

When: August 8th - 18th

Where: Worcester County Health Department

When: 8:30am - 4:30pm

Please read all attached materials and complete all forms. For any questions please call the Worcester County Health Department at 410-632-0056.



Transportation  
Provided

Packets due by  
Wednesday, July 26th  
to your Summer School  
Administrator



Maryland Department of Health  
Maternal and Child Health Bureau



# **“Just for Girls” Summer Program Parental Information Form**

Please take a moment to carefully read the information below, and sign at the bottom indicating that you and your child have read, discussed, and agreed to follow what has been stated.

**“Just for Girls”** (Grades 6, 7, 8) is a summer program, housed at the **Worcester County Health Department**. **The program will operate four days a week (Tuesday - Friday) from 8:30 a.m. - 4:30 p.m. starting from August 8<sup>th</sup> -18<sup>th</sup>**, and will include: abstinence education, All Stars, Asset building, field trips, and special group problem-solving. The abstinence component of the program is a curriculum entitled **“Promoting Health Among Teens! Abstinence-Only”** The topics include: becoming a teenager, facts regarding growing up, handling curiosity about sex, learning to meet emotional needs, responding to peer pressures, learning assertiveness techniques, and resolving problem situations.

**Rules will be established by the group and participants will be expected to observe them. If participants do not comply with the rules, they may be subject to suspension or removal from the program. Any behavior problems will be discussed with parents before any action is taken.**

Thank you for your cooperation. Together, we can make your child’s experience rewarding and worthwhile. Please feel free to contact us at **410 632-0056** with any questions or concerns.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# **“Just for Girls” Summer Program**

## **Parental Information Form**

Parent/ Guardian Copy retain for your information

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**Parent/Guardian Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Worcester County Health Department Summer Program  
EMERGENCY/ REGISTRATION FORM**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone \_\_\_\_\_  
\_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent's/Guardian's Daytime Telephone \_\_\_\_\_

Cell Phone/ Alternate Number (optional) \_\_\_\_\_

Name of persons authorized to pick up child & relationship to child \_\_\_\_\_  
\_\_\_\_\_

When parents cannot be reached, list one person who may be contacted in an emergency.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Medical Information:**

List any allergies or medical conditions: \_\_\_\_\_  
\_\_\_\_\_

List any medications the child is currently taking (optional) \_\_\_\_\_  
\_\_\_\_\_

Child's Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

**\* In Emergencies requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature below authorizes the responsible person at the facility to have your child transported to that hospital.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Worcester County Health Department  
Summer Program  
TRANSPORTATION AGREEMENT**

Please inform us of your child's transportation needs by checking (/) your choices below:

\_\_\_\_\_ I am requesting transportation for my child to and from Worcester County Health Department.

Directions to home:

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\_\_\_\_\_ My child will be picked up each day by myself or an authorized individual.

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**\*Please discuss transportation arrangements carefully with your child.**

Parent's Signature

Parent's Full Name (Please Print)

Child's Name

Date



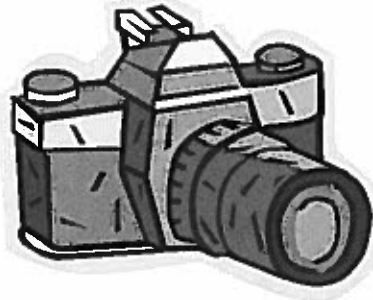
## Worcester County

HEALTH DEPARTMENT

P.O. Box 249 • Snow Hill, Maryland 21863-0249  
www.worcesterhealth.org

Snow Hill (Main Office)  
410-632-1100  
Fax 410-632-0906

Rebecca L. Jones, RN, BSN, MSN  
Health Officer



### PHOTO CONSENT FORM

Date: \_\_\_\_\_

I, \_\_\_\_\_, give my permission for the Worcester County Health Department to use my child's \_\_\_\_\_ picture and testimonial in educational and promotional materials. I reserve the right to review any information before publishing. If I decide to revoke this consent, I will submit a written statement to that effect.

Signature \_\_\_\_\_

Date \_\_\_\_\_