



Registration Packet

Dear Parents,

Independent Butterflies Inc. is delighted to have your daughter participate in our Independent Butterflies Girls Mentorship Program located at 3597 Fowler Street, Fort Myers FL. 33901. Our program is committed to the safe and exciting advancement through quality learning and activities. It is crucial that we have your support and involvement in the program to make it a success. Your daughter's involvement will show her that she should be proud of her accomplishments.

Mission:

To promote and empower teen girls to become responsible, confident, and self-worthy young ladies with social awareness.

Vision:

We envision a community in which every young female is empowered to make informed decisions, establish healthy relationship and be self-sufficient.

The Independent Butterflies Inc. Program will be open Wednesday from 6:00pm to 8:00pm.

To enroll your daughter, please complete all spaces on the inside of this form. If you need help with enrollment, please visit the office or call us at 239-228-0330.

Sincerely,

Denise Daniels

Denise Daniels
President
Independent Butterflies Inc.

IBI Registration Form

Child Information

Student Name: _____ Age: _____ Sex: M F
Race/ethnic (check one): White Black Hispanic Asian Amer. Ind. Other: _____
School: _____ Grade: _____
Home Address: _____ Apt. #: _____
City/State: _____ Zip Code: _____
Phone Number: _____ Date of Birth: _____
Subjects I like best are: _____
I would like help in: _____
I want my GPA to be: _____

As a member of the Independent Butterflies Inc., I promise to bring in my report card every 9 weeks. I agree to follow all rules and regulations established by the administration and staff at the Program, as described in the Program Student and Parent Handbook. I am aware that any disruptions or discipline problems may result in my being suspended or permanently dismissed from the Independent Butterflies Inc. Girls Mentorship Program.

Student Signature: _____ **Date:** _____

Parent or Guardian Information

Parent/Guardian Name(s): _____
Home Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Evening Phone: _____ Daytime Phone: _____
Emergency Contact Name: _____
Emergency Contact Phone: _____ Alternate Emergency Phone: _____

As legal parent/guardian(s), I/We hereby give the above student permission to participate in the Independent Butterflies Inc. Girls Mentorship Program. I/We agree to provide support and encouragement to our child as a participant in the Program. I/We give permission for the Independent Butterflies Inc. Girls Mentorship Program staff to request specific information from the student's school, including grades, attendance records, reports, and other data.

In consideration of our child's right to participate in the Independent Butterflies Inc. Girls Mentorship Program, I/We hereby waive, release and discharge any and all rights or claims which I/We may have against Independent Butterflies Inc., its sponsors, their respective subsidiaries, affiliates, directors, officers, employees, members and staff as a result of our child's participation in the Independent Butterflies Inc. Girls Mentorship Program. Further, I/We agree to defend, indemnify and hold the sponsors harmless against any and all claims, actions or suits which may be brought as a result of damages or losses sustained as a result of participation in the Independent Butterflies Inc. Girls Mentorship Program.

I/We understand and acknowledge that our child can and will be asked to withdraw from this program at the discretion of the program staff should the child become a disciplinary problem and/or disrupts the operation of the program. I/We also understand that students may occasionally be photographed or filmed for promotional purposes and I/We agree to having our child's photo appear in news reports about the Program promotional materials or Web sites.

Parent/Guardian Signature: _____ **Date:** _____

Student Health Information

Does your child have allergies to any foods or medicines? If Yes, please list:

_____ List: _____
Yes No

Check below if your child has ever had the following conditions:

	Yes	No		Yes	No
Low Blood or Anemia	_____	_____	Sickle Cell	_____	_____
Asthma or Wheezing	_____	_____	Seizures/Epilepsy	_____	_____
Broken Bones	_____	_____	Trouble with Hearing	_____	_____
Trouble with Seeing	_____	_____	Kidney/Bladder Infection	_____	_____
Heart Murmur/Heart Problems	_____	_____	Pregnancy	_____	_____
STD's/HIV/AIDS	_____	_____	ADD/ADHD	_____	_____
Depression/Anxiety	_____	_____	Hepatitis	_____	_____
Diabetes	_____	_____	Other Diagnosis _____		

List any medications your child is currently taking:

Additional health concerns or needs:

Primary Physician: _____ Phone: _____

Health Insurance Carrier: _____ Policy No.: _____

In the event of a serious accident or illness, I request the Independent Butterflies Inc. to contact me. If I cannot be reached, the Program may make whatever arrangements are necessary to provide emergency care and treatment for my child. This may include conveyance to treatment at a hospital or other medical facility. I will assume responsibility for payment for services rendered. In case of an accident or illness where immediate treatment of my child is not necessary, but where he/she is unable to remain at the Program, I request that the Program attempt to contact me first at the numbers I have provided to arrange transportation for my child. In the event that I cannot be reached, please contact the emergency contact I have listed.

Parent/Guardian Signature: _____ **Date:** _____



PARENT/GUARDIAN RESPONSIBILITIES

I, _____ THE PAREN/GUARDIAN OF _____
WILL BE COMMITTED TO INDEPENDENT BUTTERFLIES INC. GIRLS YOUTH PROGRAM AS OF THIS DATE.

- ✓ Whenever a parent/guardian has free time they will volunteer at the program and attend fundraisers in order to help raise money for the program.
- ✓ Attendance is required to all "Parent Nights". The program will make sure that that parents/guardians are told in advance about these events so that arrangements can be made.
- ✓ It is the parent/guardian responsibility to make sure their daughter obeys all the rules of the Programs.
- ✓ It is the parent/guardian responsibility to make sure their daughter has a ride to and from meetings, events, etc.

By signing below, I make all the of the above commitments to myself and to Independents Butterflies Inc. Girls Youth Program

Student Signature _____ Date _____

Parent Signature _____ Date _____

Staff Member _____ Date _____



Visual, Print, & Social Media Release Form

I, _____, do hereby give Independent Butterflies Inc., their assigns, licensees and legal representatives the irrevocable right to use my daughter _____, picture, photograph, portrait, visual likeness, or voice in all forms and media in all manners, including social media, photo, film, audio and video representations, for non-profit, public purposes, and I hereby waive any right to inspect or approve the finished product that may be created in connection therewith.

I have read this release and am fully familiar with its contents.

Name of Legal Guardian

Date

Signature of Legal Guardian

Date