



## **YWCA GirlsFirst**

### **2018-2019 Parent Packet**

GirlsFirst is a free after-school program designed to help young womxn of color smoothly transition into 9<sup>th</sup> grade and succeed in high school.

GirlsFirst participants:

1. Experience personal self-discovery, growth, and positive identity-development
2. Have access to numerous academic and professional opportunities
3. Build a network of support that will follow them throughout high school
4. Develop important skills that will help them succeed in various systems (both in-school and out-of-school) while maintaining ethnic, cultural, and racial pride

Our curriculum incorporates community-building, social-emotional learning, and STEAM (science, technology, engineering, arts/design, and mathematics) activities. Our program upholds the strength of people, families, and communities of color and believes those strengths should be cherished and celebrated. Through thoughtful curriculum creation and implementation, GirlsFirst is dedicated to creating programming that is strengths-based and racially equitable.

GirlsFirst is excited to introduce a year full of new and exciting programming.

After-school programming and tutoring are located at Franklin, Garfield, Cleveland, and Rainier Beach high schools.

School Year 2018 -2019

“Let us make our future now, and let us make our dreams tomorrow’s reality.”

– Malada Yousafzai

Dear GirlsFirst family,

We want to begin this letter by thanking you for sharing your family member with YWCA Seattle | King | Snohomish. We want to express to you how much your daughter will be honored, listened to, believed in, and valued. At GirlsFirst, we have a long tradition of supporting young womxn of color with strong and vibrant adults who are dedicated to creating a wise and supportive environment.

Our philosophy at GirlsFirst is built around centering individual youth, their families, and the long-standing traditions of our black and brown communities as intelligent and strong people. We listen to young people's voices to fulfill our mission of uplifting their knowledge and brilliance.

We have added some exciting programs, staff, and partnerships to GirlsFirst this year. Our focus is on deepening youths' understanding of self as a person of color, a womxn, a teenager, a community member, a dreamer, a high school and future college student, and as a leader. We will work with your child to learn self-care, communication skills, fitness, science, math, art, technology, and many other things. We will be doing all this through fun and experiential learning.

If you have any questions, please know that we are always available. We are excited and honored to be serving you and your family.

Thank you,

The GirlsFirst Team

206-899-6344

[girlsfirstinfo@ywcaworks.org](mailto:girlsfirstinfo@ywcaworks.org)



Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_ Age: \_\_\_ Ethnicity: \_\_\_\_\_  
(Month, Day, Year)

Address: \_\_\_\_\_

Student Cell: \_\_\_\_\_ Student Email: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Contact Number(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_

1. What high school do you attend? \_\_\_\_\_
2. Do you speak any languages at home in addition to English? \_\_\_\_\_
3. Do you or your parents/guardians need an interpreter? Yes \_\_\_ No \_\_\_
4. Does a disability affect your life? Yes \_\_\_ No \_\_\_ If yes, what is that disability? \_\_\_\_\_
5. What activities are you involved in at school or in your community (volunteer work, church, clubs, etc.)? \_\_\_\_\_
6. How did you hear about GirlsFirst? \_\_\_\_\_
7. Can you commit to fully participate in the GirlsFirst Program starting now until June 2018?  
Yes \_\_\_ No \_\_\_
  - If no, please explain any possible issues (e.g. babysitting siblings, transportation issues, religious commitments, part-time job, etc.) \_\_\_\_\_

I hereby acknowledge that all the included information is truthful and accurate. I understand that falsification of any information could be grounds for non-acceptance in YWCA GirlsFirst Program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The YWCA admits qualified students of any race, color, national or ethnic origin or disability, to all the rights, privileges, and activities sponsored by the organization. It does not discriminate in the administration of its educational or scholarship policies and strives to provide every student full opportunity of participation in all scheduled activities.**



## Family Demographic Information

Participation in YWCA’s GirlsFirst Program is free thanks to donations and funding from United Way. Please help us verify the populations that we serve by completing the information below. Please call Charlie Mercer, the GirlsFirst Program Manager at 206.899.6344 if you have any questions.

**\*\*\*\*\*TO BE COMPLETED BY PARENT/GUARDIAN\*\*\*\*\***

**YWCA GirlsFirst participant’s full name:** \_\_\_\_\_

**What race does your daughter identify with? Circle all that apply:**

- American Indian/Alaskan Native    Hawaiian Native/Pacific Islander    Other Race
- Asian    White/Caucasian    Unknown
- Black/African American    Multi-Racial

**What ethnicity does your daughter identify with?**

- Hispanic/Latina    Non-Hispanic/Latina

**GEOGRAPHIC LOCATION**

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Are you experiencing homelessness?** Yes No

**HOUSEHOLD INFORMATION**

**What is your household composition?**

- Single-Parent Female    Single-Parent Male    Two-Parent Household    Other Related Households

**How many people live in your household? Adults:**\_\_\_\_ **Children:**\_\_\_\_

**Does your student qualify for free and reduced lunch?**    Yes    No

**What other languages are spoken at home:** \_\_\_\_\_

Do you consider your daughter to have a disability?    Yes    No

Is your daughter an immigrant or refugee?    Yes    No

Does your daughter speak a language in addition to English at home?    Yes    No

Does domestic violence affect your daughter’s life?    Yes    No



## Parent/Guardian Consent and Release of Claims Form

Dear Parent or Guardian,

In order to participate in YWCA GirlsFirst, minors must have a parent or legal guardian’s written permission and agreement concerning the matters discussed below. Please carefully read and fill out the information below, sign the form and return to the YWCA.

**Permission:**

I am the parent or legal guardian of\_\_\_\_\_. I give permission for her to participate in YWCA GirlsFirst and related events and activities sponsored by YWCA (“Activities”). I understand that, as a participant, my daughter may attend the YWCA Alvirita Little Center (708 Martin Luther King Jr. Way, Seattle, WA 98122) and be invited to visit various locations in the Puget Sound area. I give my permission for her to ride in vehicles driven by YWCA’s staff or volunteers and to take public transportation to and from YWCA Activities.

I give permission to YWCA of Seattle |King | Snohomish and the Seattle Human Services Department, to access, review, and receive information regarding my child’s Seattle Public School (SPS) identification, school records, and data that will be collected and maintained in participant program files and/or submitted to funders for compliance with reporting and auditing requirements. This includes maintaining student data from SPS for more than one year.

**Parent’s Responsibility:**

I will ensure that my daughter is in good health at the time she participates in YWCA Activities. I will also take responsibility to see that my daughter is properly prepared for all activities, including proper clothing and footwear. I will inform the Program Manager of any particular physical, mental, social, or other conditions my daughter has of which the Program Manager should be aware.

Please list any special medical problems, allergies, dietary requirements, medications, or other requirements that your daughter has:

---

---

**Medical Care Authorization:**

In case of any medical emergency, I hereby give YWCA staff and any adult volunteers participating in YWCA Activities, permission to authorize medical treatment for my daughter, as they deem necessary or reasonable. Without limiting their authority, these persons have my permission to secure treatment or hospitalization for my daughter. The physicians secured by them have my permission to treat my daughter as they deem necessary. In cases when this is not covered by insurance, I agree to be responsible for all costs advanced by the YWCA and their staff or volunteers to obtain emergency medical care for my daughter. In addition, I give YWCA staff permission to provide my daughter with over-the-counter medications as needed (e.g. Aspirin, cough drops, Pepto-Bismol, etc.).

**Assumption of Risk; Waiver of Legal Claims and Indemnity by Parent or Guardian:**

I understand that adult chaperones will be present with my daughter on all YWCA-sponsored Activities, but that adults may not be present when my daughter is in transit, travelling to and from these Activities. I also understand that the adult chaperones may be volunteers.

I have fully acquainted myself with the nature of YWCA Activities and the risks associated with these Activities, and on behalf of my daughter I assume all risks arising out of, or related to, YWCA Activities. On behalf of myself, my daughter, and our heirs or legal representatives, I hereby release the YWCA, its

directors, officers, employees, agents, and volunteers from, and indemnify and hold each of them harmless against, all claims, demands, actions, or causes of action, known or unknown, for damages, injury, illness or death, whenever arising, related to or arising out of my daughter's participation in YWCA GirlsFirst and its Activities. In addition, on behalf of all such persons, I promise not to sue the YWCA, or any director, officer, employee, agent, or volunteer thereof in any action related to any YWCA Activity.

I understand that the release and indemnity legal exemption from liability for damages and provisions contained in this agreement are intended to be as broad and inclusive as permitted by the laws of the State of Washington. I also understand that YWCA, and the persons mentioned above intend to rely on all of the provisions conditions contained in this agreement, including without limitation, the assumption of risk, release, indemnity, and covenant not to sue provisions.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.**

Date\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_

Parent/Guardian Printed Name:\_\_\_\_\_

Address:\_\_\_\_\_

Daytime Phone:\_\_\_\_\_ Evening Phone:\_\_\_\_\_

Work Phone & Work Hours:\_\_\_\_\_

Email:\_\_\_\_\_

Family Physician or Clinic:\_\_\_\_\_

Address:\_\_\_\_\_

Phone:\_\_\_\_\_

Local emergency contact names and phone numbers (other than yourself or spouse):

1. Print Name:\_\_\_\_\_

2. Print Name: \_\_\_\_\_

Relationship to youth:\_\_\_\_\_

Relationship to youth:\_\_\_\_\_

Daytime phone number:\_\_\_\_\_

Daytime phone number:\_\_\_\_\_

Evening phone number:\_\_\_\_\_

Evening phone number:\_\_\_\_\_



**Community-Based Organization**

**Parent/Guardian Consent Form 2018-2019 Approval**

Organization Contact Name: YWCA Seattle | King | Snohomish; Seattle MESA

Contact Email/Phone Number: Eric Buley, ebuley@ywcaworks.org, 206-794-9950

**Consent to Release of Education Records Under the Family Education Rights and Privacy Act (FERPA)**

I consent to the release of my child’s education records from the Seattle School District to the above listed agency.

I understand that education records include, but are not limited to:

1. Student name, DOB and contact information
2. Student Demographics: including Special Education status and 504 Status and race/ethnicity
3. AttendanceHistory
4. DisciplineHistory
5. Coursework and grades History
6. Test Scores History
7. EnrollmentHistory
8. Assignment Grades
9. Upcoming & Missed Assignments

This release includes permission for agency staff to access my child’s academic records using an automated data feed through Seattle Public Schools.

I understand that the purpose of sharing these records is to keep YWCA staff informed of my child’s academic program and progress. Agency staff will work with my child and/or his/her school in an effort to improve my child’s success at school. I acknowledge that I may revoke this consent by sending a written notification to the Seattle School District’s School & Community Partnership Department, MS: 33-160 P.O. Box 34165 Seattle, WA 98124.

This Release of Information will make the above-listed educational records, which includes historical student data, available to agency staff from the date of consenting signature until December 31, 2019.

I consent to Seattle School District releasing information to the above listed agency (please print clearly):

**Parent/Guardian Signature (if youth is 17 or younger):** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

*Student’s Signature (if youth is 18 or older):* \_\_\_\_\_

Today’s Date: \_\_\_\_\_

\_\_\_\_\_  
**PRINT Student’s Name** (First and Last name)

\_\_\_\_\_  
**Student Date of Birth**

\_\_\_\_\_  
**\*\*Student School District ID #**

\_\_\_\_\_  
**Student’s School**

*\*\*Student ID # can be found on student ASB card, report card, official school mailing, or by contacting your student’s school*



**Photo/Publicity Authorization & Release**

I, \_\_\_\_\_ hereby agree and give my consent for  
parent/guardian name

\_\_\_\_\_ and/or myself to appear in  
student name

photographs, videotape, sound recordings, television, film, social media, or other matter related to the advertising, publicity, and fundraising purposes of YWCA Seattle | King | Snohomish or their affiliated organizations, and I waive all claim of any compensation for such use.

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

Parent/Guardian Signature: \_\_\_\_\_



## YWCA King County—GRIEVANCE PROCEDURE

### Your Right to File a Grievance

You have the right to file a grievance if you believe that you have been treated unfairly by the YWCA's GirlsFirst program. You may also file a grievance if you believe you have been discriminated against on the basis of disability, race/ethnicity, color, religion, sex, gender identity, sexual orientation, national origin, political affiliation, belief, or citizenship. Requests for this procedure in other languages must be filled in a timely manner, at no expense to the client.

**If you have a grievance about the services you are receiving or have received through the YWCA GirlsFirst program, please take the following steps:**

#### Step 1 –Meeting with GirlsFirst Coordinator and/or GirlsFirst Program Manager

If you have a grievance, you may request to meet with a GirlsFirst Coordinator and/or the GirlsFirst Program Manager. At this meeting, please be specific about your concerns and share what you feel is a reasonable solution. Staff will help you explore options for a solution and next steps. If the grievance is not resolved after the meeting with a supervisor, we welcome you to file a formal grievance.

#### Step 2 – Formal Grievance

All formal grievances are encouraged to be in writing; however, you are welcome to verbally request for a YWCA staff to assist with typing your grievance. All languages will be accepted – the YWCA will translate the document at its own expense. Your grievance should clearly explain the situation. Do your best to present the facts as you see them, state whom the grievance is against, and how you would like to see the situation resolved. Be sure to include your name, address, and a telephone number of where you can be reached. Please remember to sign and date the grievance.

A copy of the letter will be sent to the person named in the grievance, to the GirlsFirst Program Manager, and to the YWCA Regional Director of Children & Youth Services. The person named in the grievance will be allowed five (5) business days to respond in writing to the participant. If the written grievance does not resolve the situation, the participant may request a grievance hearing with the Regional Director.

Send or submit your written grievance to: YWCA

Attn: Regional Program Director of Children & Youth Services  
2820 E. Cherry Street  
Seattle, WA 98122

