A decorative graphic on the left side of the slide features a light green balloon at the top, a light blue balloon in the middle, and a light purple balloon at the bottom. Yellow streamers and triangular flags are scattered around the balloons.

Early Bird Qualifications and Incentives:

- Registrations must be **TO COUNCIL** by Friday, July 30 that means you need to get them to your registrar earlier!!
- Troops must consist of 5 girls & 1 adult to receive incentives
- Every girl who registers as an Early Bird is entitled to receive an Early Bird patch & participate in ONE special Early Bird Council program at half price.
- Early Bird flyers can also be found on the GSJS website.



MEMBERSHIP DUES SUMMARY

- Should accompany **every** registration
- **Troop (labeled as "group") number should be on each form!**
- Troop leaders should fill out completely – Meeting Day/Location (first time only)
- **NEW** - How are you participating? (camp, events, series, travel, troop, virtual) Description is on each form.
- Special attention to Program Levels (Multi-grade is now an option)
- Cash or Check only for registrations (Troop check is preferred!)
- **Receipts must be given to all troop leaders for cash and CHECK.**



MEMBERSHIP DUES SUMMARY through 9/30/.....

Please complete this form and attach payment for the total amount of dues and completed member registration forms. Please be sure to note any additional payments or contributions in the space provided below and return to your local council representative.

Complete (if known)

Expiration 9/30/.....

Council Code	Group Number	Report Code	Registration Area
..... <input type="radio"/> New <input type="radio"/> Reregistering

* (Check the one term that describes how this group of girls is participating in Girl Scouts:)

Camp Series Troop
 Events Travel Virtual

Program duration: (check one)

- 8-12 months 4-7 months 1-3 months 1-4 weeks 6 days or less

Program frequency: (check one)

- Daily Weekly Every Other Week Monthly 1-3 times Annually

Please check one grade level that represents the majority of the girls that are registering now.

- Daisy (K-grade 2) Brownie (grades 2-3) Junior (grades 4-5) Cadette (grades 6-8)
 Senior (grades 9-10) Ambassador (grades 11-12) Multi-grade)*

Type of meeting place: (check one)

1. Public Facility 2. Home 3. School 4. Religious Building
 5. Other Organization Facility 6. Council Facility 7. Other

Meeting day and location

Day Time

Name of Meeting Place

Address

Number of girl registrations attached Total registrations at \$12

Number of adult registrations attached Total amount of dues attached \$

Contributions received \$

Other \$

Total \$

Position: (check one)

- Primary Adult Volunteer Council Staff

Name

Address

ID Number Telephone Number

Ways to Get Involved:

Camp: Experience the great outdoors at overnight or day camp.

Events: Attend events centered on topics that interest you most.

Series: Explore your interests in a series of activities without committing to a full year.

Travel: Travel across town, throughout the country, or around the world.

Troop: Participate in exciting activities that last throughout the school year.

Virtual: Interact online with girls and volunteers in a safe, secure environment.

(Placement is based on grade level and availability.)



GIRL & ADULT REGISTRATIONS

GIRL

- Use pre-printed or blank form
- DOB, Grade (K-12), School
- **EMAIL (use parent's email if girl under 13 yrs of age)**
- **Parent/Guardian Signature**
- Racial/Ethnic Background
- **(VS) is checked off by leader if parent does not complete.**
- **Troop Number**
- Troop keeps yellow copies
- Transfers from other councils should use a registration form and mark "Transfer" on top.

ADULT

- Use pre-printed or blank form
- **Troop Number & Position Codes for ALL troops**
- **Signature**
- **EMAIL**
- **Racial/Ethnic Background (VS) is checked off by leader if parent does not complete.**
- Troop keeps yellow copies
- Lifetimes should update info using a registration form and mark "Lifetime" on top.



GIRL REGISTRATION through 9/30/.....

Return your registration with the \$12 annual membership dues to your leader / advisor or mail to your Girl Scout council.

Check one: Reregistering GSUSA ID Number (if known) _____ New Registration (first time registering)

Girl's Name: First _____ Middle _____ Last _____

Address _____ Apartment Number _____

City _____ State _____ Zip Code _____

* (E-mail Address (if girl age 13 and up, otherwise use parent/custodial e-mail address) _____ Telephone Number _____)

Date of Birth _____ Grade in School _____ School Name _____

Number of years in Girl Scouts _____

She is under the custodial care of: (check one)

both parents mother/guardian only father/guardian only other (specify _____)

Mother/Guardian's Name: First _____ Middle _____ Last _____

Address (if different than girl) _____

Employer _____ Occupation _____

E-mail Address _____ Phone Number _____

Father/Guardian's Name: First _____ Middle _____ Last _____

Address (if different than girl) _____

Employer _____ Occupation _____

E-mail Address _____ Phone Number _____

Emergency Contact's Name: First _____ Middle _____ Last _____

Phone Number (day) _____ Phone Number (evening) _____

We acknowledge that the registrant will make the Girl Scout Promise and accept the Girl Scout Law. The registrant has our permission to join Girl Scouts. We understand that when participating in Girl Scout activities the registrant may be photographed for print, video, or electronic imaging. We understand that the images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout councils or Girl Scouts of the USA. We acknowledge that the images will be the sole property of either the local Girl Scout council or Girl Scouts of the USA.

Signature of Parent/Guardian _____ Date _____ Signature of Parent/Guardian _____ Date _____

We encourage you voluntarily to provide the following information on racial background and ethnicity. This information will be used by Girl Scouts of the USA to help improve service to members and advance the Girl Scout Movement.

The registrant's racial background is: (please check as many as apply) American Indian or Alaskan Native Asian Black or African American Hawaiian or Pacific Islander White Other (specify _____)

The registrant's ethnic background is: (please check one) Hispanic or Latina Not Hispanic or Latina

I would like to contribute: (please check one) \$250 \$200 \$150 \$100 \$75

\$50 \$25 Other \$ _____
 My check is attached. Credit card # _____ Exp. date _____

Signature (Cardholder name)

I understand that my voluntary, tax-deductible gift will help to support girls locally and will remain in the local council. (Please contact your employer to inquire about a matching gifts program. Your contribution could be doubled or tripled.)

Girl Scouts of the USA is dedicated to providing equal access to membership for all girls and adults. Membership dues are not refundable or transferable to another person.



ADULT REGISTRATION through 9/30/.....

Return your registration with the \$12 annual (or applicable lifetime) membership dues to your Girl Scout council.

Check one: Reregistering GSUSA ID Number (if known) _____ New Registration (first time registering)

Please indicate the primary areas in which you will be serving by listing up to four GSUSA Position Codes and associated group number(s) when applicable (see selections at the right).

Position Code Group Number Position Code Group Number Position Code Group Number Position Code Group Number

Your name and address Title: Ms. Mrs. Miss Mr. Dr.

Name: First _____ Middle _____ Last _____

Address _____ Apartment Number _____

City _____ State _____ Zip Code _____

E-mail Address _____ Cellphone Number _____

Telephone Number _____

Employer _____ Occupation _____

Business Telephone Number _____

Number of years in Girl Scouting as a: Girl _____ Adult Member _____

I accept and agree to abide by the Girl Scout Promise and the Girl Scout Law. I understand that when participating in Girl Scout activities I may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout councils or Girl Scouts of the USA. I acknowledge that the images will be the sole property of either the local Girl Scout council or Girl Scouts of the USA.

Signature _____ Date _____

Would you like to become a Lifetime Member? Lifetime Membership is a symbol of commitment to the beliefs and principles of the Girl Scout Movement. As a Lifetime Member you will receive a permanent membership card, recognition certificate and ongoing Girl Scout Activity Insurance. If you wish to register for Lifetime Membership, please complete the following information and return your completed lifetime registration and payment to the local Girl Scout council.

I wish to register as a Lifetime Member. I am 18 years of age or older or a high school graduate or equivalent and understand that lifetime membership is a one-time payment of \$300.

I am currently registered as a Senior Girl Scout and graduated high school/equivalent in this membership year in the month of _____. I understand that I can register for lifetime membership at the reduced cost of \$156 if I do so before my current membership expires on September 30.

We encourage you voluntarily to provide the following information on racial background and ethnicity, gender, age and education levels. This information will be used by Girl Scouts of the USA to help improve service to members and advance the Girl Scout Movement.

My racial background is: (please check as many as apply) American Indian or Alaskan Native Asian Black or African American Hawaiian or Pacific Islander White Other (specify _____)

My ethnic background is: (please check one) Hispanic or Latino Not Hispanic or Latino

I am an adult: Female Male My age range is: 18-29 30-49 50 and up

The highest education level I completed is: (please check one) Some High School High School Some College Associate's Degree Bachelor's Degree Postgraduate

I would like to contribute: (please check one) \$250 \$200 \$150 \$100 \$75

\$50 \$25 Other \$ _____
 My check is attached. Credit card # _____ Exp. date _____

Signature (Cardholder name)

I understand that my voluntary, tax-deductible gift will help to support girls locally and will remain in the local council. (Please contact your employer to inquire about a matching gifts program. Your contribution could be doubled or tripled.)

Girl Scouts of the USA is dedicated to providing equal access to membership for all girls and adults. Membership dues are not refundable or transferable to another person.

The Girl Scout Promise

On my honor, I will try:
To serve God and my country,
To help people at all times,
And to live by the Girl Scout Law.

The Girl Scout Law

I will do my best to be:
honest and fair,
friendly and helpful,
considerate and caring,
courageous and strong, and
responsible for what I say and do,
and to
respect myself and others,
respect authority,
use resources wisely,
make the world a better place, and
be a sister to every Girl Scout.

Girl Scouts offers more choices than ever! Which ones are you interested in? Check all that apply.

Camp: Experience the great outdoors at overnight or day camp.

Events: Attend events centered on topics that interest you most.

Series: Explore your interests in a series of activities without committing to a full year.

Travel: Travel across town, throughout the country, or around the world.

Troop: Participate in exciting activities that last throughout the school year.

Virtual: Interact online with girls and volunteers in a safe, secure environment.

(Placement is based on grade level and availability.)

For Volunteer or Office Use Only

Volunteer, please check if applicable:
VS Category #1
VS Category #2
Council Code _____
Group Number _____
Report Code (Service Unit) _____
Registration Area _____

The Girl Scout Promise

On my honor, I will try:
To serve God and my country,
To help people at all times,
And to live by the Girl Scout Law.

The Girl Scout Law

I will do my best to be:
honest and fair,
friendly and helpful,
considerate and caring,
courageous and strong, and
responsible for what I say and do,
and to
respect myself and others,
respect authority,
use resources wisely,
make the world a better place, and
be a sister to every Girl Scout.

GSUSA Position Codes

- 01 Leader/Advisor
- 02 Assistant Leader/Advisor
- 03 Troop Committee Member
- 09 USA Girl Scouts Overseas Committee Member
- 10 USA Girl Scouts Overseas Committee Chair
- 11 Service Unit Team Member
- 12 Trainer
- 13 Special Service Adult
- 14 Member (No Assigned Position)
- 15 Council President (Chair)
- 16 Council Board/Board Committee Member
- 17 Council Nominating Committee Member
- 18 Association Chair/Council Delegate
- 19 Council Delegate
- 20 CEO
- 21 Council Executive Staff
- 22 Council Support Staff
- 50 National Volunteer
- 51 National Board/Board Committee Member
- 52 Former National Board Member
- 53 National Nominating Committee Member
- 54 National Staff Member
- 55 Former National Staff Member

For Volunteer or Office Use Only

Volunteer, please check if applicable:
VS Category #1
VS Category #2
Council Code _____
Group Number _____
Report Code (Service Unit) _____
Registration Area _____



DONATIONS

- Every contribution received is a HUGS donation and is voluntary, tax-deductible and will help to support girls LOCALLY in GSJS Council.
- A girl is eligible for a HUGS patch (if available) regardless of the time of the donation. HUGS is ongoing!
- Contributions may be in the form of Cash, Check, or Credit Card. The \$12 registration fee **can not** be included with a credit card donation.
- Thank you cards/letters will be mailed out on October 1st, 2011.



LAUREEN FINN / PAULA BROWN FINANCIAL ASSISTANCE

- Available to all girls.
- Based on financial need.
- Can be used for: registration (if submitted at time of registration), dues, uniform, handbooks, programs and activities
- Encourage parent/guardian to hand in as soon as possible.
- An **Early Bird Financial Aid application** should be given if requested by a troop. Forms are also available online at www.GirlScoutsJS.org Leaders should make copies available to all girls. Forms are available on the GSJS website.

EARLY BIRD REGISTRATION

Lauren Finn/Paula Brown Financial Assistance Program

(ALL INFORMATION IS CONFIDENTIAL)

Directions: Please complete and return this form with the Early Bird Registration form. The annual membership registration is \$12.00 per girl.

PART I: GIRL SCOUT INFORMATION

Name _____ Phone #: _____

Address _____ Town _____ Zip _____

Program Level: Daisy ___ Brownie ___ Junior ___ Cadette ___ Senior ___ Ambassador ___

Participation Status: (Check one) Juliette ___ or Troop _____

Girl applicant participated in the following product sales this year: Cookie ___ Nut ___ QSP ___

If girl is a member of a troop/group please complete below:

Troop/Group # _____ Service Unit _____

Leader's Name _____ Phone # _____

Leader's Address _____ Town _____ Zip _____

Leader's Email Address _____

PART II: AMOUNT REQUESTED: (List specific \$ dollar amounts)

Annual Membership Registration \$ _____

PART III: FAMILY INFORMATION:

Annual Family Income: \$ _____ Number in Family: _____

Please explain circumstances/reasons for requesting financial assistance. Use additional paper if necessary.

Completed by: _____ Date: _____

Relationship to applicant: Parent/Guardian ___ Troop Leader ___ Other ___

Office Use: Amount of Grant \$ _____ Date Approved: _____

EARLY BIRD REGISTRATION

Adult Financial Assistance Program
(ALL INFORMATION IS CONFIDENTIAL)

Directions: Please complete form and return with *Early Bird Registration* Form. The annual membership registration is \$12.00 per adult.

PART I: ADULT INFORMATION

Adult Name _____ Phone # : _____

Volunteer Position: Troop Leader _____ Assistant Troop Leader _____ Chaperone Designee _____

Address _____ Town _____ Zip _____

Troop # _____ Service Unit _____

Leader's Name _____ Phone # _____

Leader's Address _____ Town _____ Zip _____

Leader's Email Address _____

PART II: AMOUNT REQUESTED: (List specific \$ dollar amounts)

Annual Membership Registration \$ _____

PART III: FAMILY INFORMATION:

Please explain circumstances/reasons for requesting financial assistance. Use additional paper if necessary.


Completed by: _____ Date: _____

Relationship to applicant: Troop Leader ___ Other ___

Office Use:
Amount of Grant \$ _____ Date Approved: _____



REMINDERS

- Troops must have at least “2” registered adults to meet & all adults handling money must be registered.
 - A troop is only considered registered when registrations are signed and fees have been given to the SU registrar or Council Shops. **Howell/Farmingdale Service Unit asks that you bring your registrations to your designated registrar not Council. To receive Early Bird incentives, forms must be submitted before 7/30/2010** and to receive On-Time incentives, forms must be submitted before 10/1/2010. Girls must be registered to participate in any activities.
 - Leaders must be registered and trained.
- 

Service Unit Dialogue

- Registrations must be TO COUNCIL by Friday, July 30 to be eligible for Early Bird incentives. In order for your Registrar to ensure they are turned in by July 30, you should get the forms to them at least a week earlier (by July 23). It is preferred that you registrar by our Service Unit's Early Bird Registration Night on Wednesday, June 30 at Prince of Peace between 6:30 PM – 8:00 PM which will also entitle your troop to a \$5 certificate that can be used towards service unit run events.
- Please complete a Membership Dues Summary for registrations.
- ADULT POSITION CODES AND EMAILS should be entered.
- Health forms are now on the GSJS website. Last year's health form may be initialed & dated by parent if there are no changes.
- **Girls may not participate in ANY activities if not registered and Leaders may not lead if not registered and TRAINED. Two registered adults should be with girls at all times!**
- Please email Rachael Cousens at RCousens@GirlScoutsJS.org or call 732-349-4499 x225 with any membership changes.
- All forms are available at GirlScoutsJS.org

Health History form

available at www.GirlScoutsJS.org

242 Adelphia Road Farmingdale, NJ 07727	Girl Scouts of the Jersey Shore	1405 Old Freehold Road Toms River, NJ 08753
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STANDARD HEALTH HISTORY/PERMISSION SLIP
To be filled in by parent/guardian.

Information is confidential and only provided to leader or chaperone in case of emergency.

Girl's Name (Last, First, Initial) _____ () _____
 Home Phone # _____ Birth date _____ Age _____

Parent/Guardian's Name _____ () _____
 Daytime Phone # _____

Address _____ Town _____ State _____ Zip _____

In Emergency Notify _____ Address _____ () _____
 Daytime Phone # _____

Medical Insurance _____ ID# _____

Name of Pediatrician/Doctor _____ () _____
 Phone _____

Date of last physical exam: _____

Health History: (check those that apply)

Diseases <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps	Allergies <input type="checkbox"/> Animals <input type="checkbox"/> Pollen <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Stings <input type="checkbox"/> Medicine/Drugs <input type="checkbox"/> Plants <input type="checkbox"/> Food * <input type="checkbox"/> Other* (Specify) _____ _____	Chronic or Recurring Illness <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Seizures – medication* <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Asthma – inhaler* <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> ADD <input type="checkbox"/> Other* (Specify) _____ _____
--	--	---

Authorization for treatment: In the case of an emergency, I hereby give permission to the physician selected by the leader to secure and administer treatment, including hospitalization for my child as named above.

Parent/Guardian signature _____ Date: _____

Continued on back

Please describe conditions and give dates:

Operations or serious injuries _____

Hospitalizations _____

Other diseases/disabilities _____

Does your child take any medication regularly? _____

If so, name of medication _____

for what condition? _____

Comments where applicable:

Fainting _____

Menses _____

Constipation _____

Nosebleeds _____

Emotional disturbances _____

Injuries _____

Other _____

Special medical or dietary regimen to be followed (be specific) _____

My child has permission to take Tylenol - Yes _____ No _____

Number of tablets _____ Child or Adult _____

Tylenol will be given in case of fever or headache. Parent will be notified if given.

Are there any additional concerns, medical or otherwise, you wish to bring to our attention? _____

This health history is correct and my child has permission to engage in all prescribed activities, except as noted by me.

Parent/Guardian signature _____ Date: _____

If no changes from prior year: Parent/Guardian initial _____ Date: _____

Parent/Guardian initial _____ Date: _____

Parent/Guardian initial _____ Date: _____