girl scouts
of gateway council

# GIRL SCOUT REGISTRATION

**For additional info contact:**

***Email* outreach@gsgateway.org or call (877) 764-5237**

I want my daughter to participate in Girl Scouts; I will allow her to be included in photographic images; and I also consent to academic, discipline, and attendance records to be released to Girl Scouts and various United Way Agencies.

Girl's Name:_____ Birthdate:_____

School/Site: _____Grade:_____ T-Shirt Size:_____

Girl's Student ID#:_____ Last 4 Digits SSN(Required for reporting):_____

Girl Cell/Home Phone: _____Girl Email:_____

Girl Address:_____ Zip Code:_____

Parent(s) Name (Please Print): _____

Cell/Home Phone: _____ Work Phone: _____

Parent Address:_____ Zip Code: _____

Parent(s) Email: _____

Do you qualify for SNAP Benefits and/or Free or Reduced Lunch (Circle)? Yes No

**Socioeconomic Background:**

Please check as many as apply:

____American Indian or Alaskan Native ____ Asian

____Black or African American ____ White/Non-Hispanic

____Hispanic/Latin/LatinX ____ Hawaiian or Pacific Islander

____ Other Please specify_____

Female Head of Household (Check One): _____Yes _____ No

Number of Adults in the home: _____

Number of children in the home: _____

Average Annual Income: _____

Parent(s) Name (Please Print): _____

Parent Signature: _____

Do you consent to your girl scout participating in the upcoming Cookie Product Program?

Yes ☐ No ☐