



of San Antonio

GIRLS INC. EUREKA! 2025-2026 Application

Girls entering 8th grade by Fall 2025

Return To Girls Inc. of San Antonio for processing:

2214 Basse Rd., San Antonio, TX 78213

Email/Correo Electronico: Rain Wammack: rwammack@girlsinca.org

Phone/Teléfono: 210.298.5879

APPLICANT INFORMATION/ INFORMACIÓN DEL SOLICITANTE

Girl's Name (First, Middle, Last)/Nombre de la niña (Nombre, Segundo Apellido, Apellido):

Date of Birth (MM/DD/YYYY)/Fecha de Nacimiento (Mes, Dia, Año):

Age/Edad:

Grade for 2025-26 school year/Grado para el año escolar 2025-26:

Home Address (street name, city, state, zip code)/Dirección (calle, ciudad, estado, código postal):

Current School/Nombre de Escuela:

Student ID/Lunch Code/Número de Identificación de Estudiante:

Parent/Legal Guardian Name(s)/Nombre(s) de Padres o Tutor Legal:

Primary Phone #/Numero de Teléfono #:

- Cell/Celular
- Home/Casa
- Work/Empleo

Secondary Phone #/Teléfono Secundario #

- Cell/Celular
- Home/Casa
- Work/Empleo

Email/Correo Electronico:

Is there anything that would prevent your girl from attending Eureka! this summer?/¿Hay algo que impida que tu chica asista a Eureka? ¿este verano?

T-Shirt Size/Talla de camiseta: Youth L (14-16) Adult S Adult M Adult L Adult XL Adult 2XL

EMERGENCY CONTACTS & PICK UP AUTHORIZATION

In addition to the parents/guardians, the following adults (18 years and older) are authorized to take this child from the facility. These names will also serve as emergency contacts - they must be reachable & available for immediate pick-up or response. Copies of any special instructions, such as custody or protective orders must be provided and discussed with the Program Director. All information will be kept confidential; you can update this list at any time.

Name:	Phone:
Relationship to girl:	
Name:	Phone:
Relationship to girl:	
Name:	Phone:
Relationship to girl:	

NATIONAL GIRLS INC. DEMOGRAPHIC DATA/NATIONAL GIRLS INC. DATOS DEMOGRÁFICOS

The following information will be collected and used strictly for statistical data reports to Girls Inc. National Organization only. Please select one answer for each of the following categories; all information will be kept anonymous and confidential./La siguiente información será coleccionada y usada estrictamente para informes de datos estadísticos para Girls Inc. Por favor seleccione una respuesta para cada una de las siguientes categorías; toda la información se mantendrá anónima y confidencial.

ANNUAL HOUSEHOLD INCOME/INGRESO ANUAL:

Less than \$10,000 \$10,001-\$15,000 \$15,001-\$20,000 \$20,001-\$25,000 \$25,001-\$30,000 \$30,001-\$35,000 \$35,001-\$40,000 \$40,001-\$50,000 \$50,001-\$60,000 \$60,001-\$70,000 \$70,001-\$80,000 More than \$80,001

FAMILY CONFIGURATION/PARENTESCO DE MIEMBROS DE LA FAMILIA:

Two Parents/Dos Papas Shared/Joint Custody/Custodia compartida Mother Only /Solamente madre Father Only /Solamente padre Grandparent(s)/Guardian(s)/Other Relative(s) Foster Parent(s) Other (i.e. shelter/group home, etc.)

FAMILY SIZE/CUANTOS MIEMBROS DE LA CASA: 1 family member 2 family members 3 family members 4 family members 5 family members 6 family members 7 family members 8 or more family members

PRIMARY LANGUAGE SPOKEN AT HOME/IDIOMA PRINCIPAL HABLADO EN CASA:

English/Inglés Spanish/Español French/Frances Bilingual (English & Spanish) Other (please specify):

RACE/RAZA:

White/Caucasian/ Blanca/Caucásica Black/African American/Negra/Africana Americana Asian/Asiática American Indian/Alaskan Native/India Americana o Nativa de Alaska Native Hawaiian/Pacific Islander/Nativo hawaiano/Isleño del Pacífico Multiracial (two or more races) *Multiracial (dos o mas razas)* Other (please specify):

ETHNICITY/ETNICIDAD: Hispanic/Latina/ Not Hispanic/Latina

MY CHILD RECEIVES LUNCH ASSISTANCE/ MI HIJA RECIBE AYUDA PARA ASISTENCIA DE ALMUERZO

Yes, Free Lunch/Si, recibe comida gratis Yes, Reduced Lunch /Si, recibe comida a precio reducido No, my child does not receive lunch assistance/No, mi hija no recibe asistencia para almuerzo

Is any member of this girls' family in active duty, National Guard, or Reserve? /¿Hay algún miembro de esta familia que está en servicio activo, Guardia Nacional o Reserva? Yes/Si No/No

Is any member of this girl's family a veteran of the U.S. Armed Forces? /¿Hay algún miembro de esta familia se ha alistado en las fuerzas armadas de los EE.UU.? Yes/Si No/No

GENERAL PERMISSION, RELEASES AND LIABILITY WAIVER/PERMISO GENERAL Y EXENCIÓN DE RESPONSABILIDAD

Parents/Guardians, please check off each of the following if you consent/Padre(s) o Tutor Legal, de lo siguiente, por favor indeque aquello con que esta acuerdo y da otorga autorización:

I give permission for my child to participate in Girls Inc. of San Antonio activities and program evaluations. I understand that Girls Inc. of San Antonio is not licensed by the State of Texas as a child care facility, day care center or licensed before-school or after-school program. I understand that data related to my child's and/or family participation in Girls Inc. programs will be collected and used by Girls Inc. of San Antonio staff to assess the effectiveness and overall quality of our programs and services./Doy permiso para que mi hija participe en las actividades y evaluaciones de los programas de Girls Inc. of San Antonio. Entiendo que Girls Inc. of San Antonio no tiene licencia del Estado de Texas como centro de cuidado infantil, guardería, programa antes o después de la escuela. Entiendo que los datos relacionados con la participación de mi hija o familia en los programas de Girls Inc. serán utilizados por Girls Inc. of San Antonio para evaluar la efectividad y calidad general de nuestros programas y servicios.

I authorize Girls Inc. of San Antonio to obtain medical care for my child in the event of a medical emergency, including arrangements made for special transportation (i.e., by ambulance), should their staff be unable to reach me in a timely manner. I understand that I am financially responsible for the care given and that efforts will be made to contact the doctor of my choice./Autorizo a Girls Inc. of San Antonio a obtener atención médica para mi hijo en caso de una emergencia médica, incluidos los arreglos para el transporte especial (es decir, en ambulancia), en caso de que su personal no pueda comunicarse conmigo de manera oportuna. Entiendo que soy financieramente responsable de la atención brindada y que se harán esfuerzos para comunicarme con el médico de mi elección.

I give permission for my child to be photographed and/or video recorded by Girls Inc. of San Antonio for use in their promotional materials. I agree that Girls Inc. is the owner of all rights in and to the video, film or photographs and may use them for any purpose consistent with the Girls Inc. of San Antonio mission, without any fee whatsoever./Doy permiso para que mi hija sea fotografiada o grabada por video por Girls Inc. of San Antonio para materiales promocionales. Estoy de acuerdo que Girls Inc. es el propietario de todos los derechos de cualquier video, película o fotografías y puede utilizarlos para cualquier propósito consistente con la misión de Girls Inc. of San Antonio, sin ningún tipo de cuota.

I give permission for Girls Inc. of San Antonio to transport my child to and from their facility for fieldtrips and other Girls Inc. related activities./Doy permiso a Girls Inc. de San Antonio para transportar a mi hijo hacia y desde sus instalaciones para excursiones y otras actividades relacionadas con Girls Inc.

Girls Inc. of San Antonio is a trauma informed environment and strives to provide programs that are sensitive to all participant's lived experiences. Sensitive subjects may arise and I acknowledge that trained Girls Inc. staff members will interact with my girl regularly to support her in behavioral and mental health challenges she might experience. / Girls Inc. de San Antonio es una organización informada sobre el trauma. Girls Inc. se esfuerza a proporcionar programas que sean sensibles a las experiencias vividas por todos los participantes. Es posible que surjan temas delicados y reconozco que el personal de Girls Inc. son capacitados y interactuarán con mi niña regularmente para apoyarla en los desafíos de salud mental y conductual que pudo haber experimentado.

I understand that the staff of Girls Inc. of San Antonio is required by law to report any suspected cases of child abuse or neglect to the appropriate authorities./Entiendo que el personal de Girls Inc. de San Antonio está obligado por ley a informar cualquier caso sospechoso de abuso o negligencia infantil a las autoridades correspondientes.

Parent/Guardian Signature/Firma del Padre(s) o Tutor Legal:

Parent/Legal Guardian Name (Please Print)/ Nombre (Favor de escribir su nombre en letra de molde) Date/Fecha:

Girls Inc. of San Antonio Health History Form

Girl's Name:

Birthdate:

Parent/Guardian Name(s):

Home Address (street, city, state, zipcode):

Phone:

Email:

Family Physician:

Phone:

Medical/Hospital Insurance Carrier:

Policy/Group/ID No.

Girls Inc. of San Antonio staff have my permission to administer the following to my child:

- | | | |
|--|---|---|
| <input type="checkbox"/> Acetaminophen (non-aspirin) | <input type="checkbox"/> Antiseptic liquid/ointment | <input type="checkbox"/> Non-aerosol insect repellent |
| <input type="checkbox"/> Antacid | <input type="checkbox"/> Calamine lotion | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Anti-diarrheal | <input type="checkbox"/> Hydrocortisone cream | <input type="checkbox"/> Topical antibiotic ointment |
| <input type="checkbox"/> Antihistamine (Benadryl) | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Other (please specify): |

Illnesses and Injuries: Chronic or Recurring (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hypertension | Date of last health examination: |
| <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Musculoskeletal Disorders | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | Girl's current weight (required for most medications): |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Non Applicable | |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Other (please specify): | |

Were there any complicating medical problems noted in last health exam?

Yes No

Is participant currently under the care of a physician or psychologist?

Yes No

Allergies (check all that apply and specify nature of reaction)

- | | | |
|--|--|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Insect bites/stings | <input type="checkbox"/> Pollen (trees/grass/weeds) |
| <input type="checkbox"/> Food (milk/egg/peanut/tree nut/soy/wheat/shellfish) | <input type="checkbox"/> Mold | <input type="checkbox"/> Non Applicable |
| <input type="checkbox"/> Drugs/Medicines | <input type="checkbox"/> Latex | <input type="checkbox"/> Other (please specify): |

Other Health Conditions (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Menstrual cramps | <input type="checkbox"/> Special dietary regimen |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Motion sickness | <input type="checkbox"/> Wears glasses or contacts |
| <input type="checkbox"/> Emotional disturbances | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Non Applicable |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Sickle cell trait/disease | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Hearing impairments | <input type="checkbox"/> Sleep disturbances | |

Swimming Skills (indicate the level of your child's swimming abilities)

- | | |
|---|---|
| <input type="checkbox"/> Non-swimmer (unable to swim/no swim instruction) | <input type="checkbox"/> Advanced (skilled swimmer) |
| <input type="checkbox"/> Beginner (limited swim instruction) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Intermediate (average swim ability) | <input type="checkbox"/> Other (please specify): |

Please explain any items that are checked and relate any information that may be useful to Girls Inc. staff regarding any of these health conditions:

List any activities to be restricted:

I know of no reason, other than the information indicated above, why my child should not participate in prescribed activities except as noted, and authorize Girls Inc. representatives to administer emergency medical treatment.

Parent/Guardian Signature:

Date:

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. **Girls Inc. of San Antonio** has put in place preventative measures to reduce the spread of COVID-19; however, **Girls Inc. of San Antonio cannot guarantee that you will not become infected with COVID-19.** Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Girls Inc. of San Antonio may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Girls Inc. of San Antonio’s employees, volunteers, and program participants and their families.

____ INITIALS I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at Girls Inc. of San Antonio. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Girls Inc. of San Antonio, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Girls Inc. of San Antonio, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Girls Inc. of San Antonio.

____ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

____ INITIALS By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

____ INITIALS I agree that I will practice safe social distancing and clean hygiene during my participation at Girls Inc. of San Antonio.

Signature _____ Print Name _____
Address _____ City _____ State _____ Zip _____
Telephone (____) _____ Date _____

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)**

In consideration of _____ (PRINT minor’s names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ Print Name _____ Date _____



ALAMO COLLEGES DISTRICT
St. Philip's College

Send completed applications to:
(Llene la solicitud y envíela por correo o fax, o llévela a:)

Email: kdeleon29@alamo.edu

St. Philip's College
Centers of Excellence for Math and Science
800 Quintana Rd.
San Antonio, TX 78211

Phone: (210) 486-7125

SCIENCE AND MATH SUMMER ACADEMY (SAMSA)

June 9th – June 26th, 2025

Application/Registration Form (Solicitud/Registro) 2025

Child's Name (Last, First, MI) Nombre de la niña (Apellido, Nombres)		Male Hombre	Female Mujer	Age (Edad)
Date of Birth (Fecha de Nacimiento)	Grade entering in school year 2025-2026 (Grado al que entrara en 2025-2026)	Parent's/Guardian's E-Mail Address (Correo-E del padre/tutor)		
Home Phone (Teléfono de la casa)	Parent's/Guardian's Job's Phone (Teléfono del trabajo de los padres o tutores)	Parent's/Guardian's Cell Phone (Teléfono celular de los padres o tutores)		
Address (Direccion)	City/State (Ciudad/Estado)	Zip Code (Codigo postal)		
Check One (Escoja una opcion): White (Blanco) African-American (América-Africano) Hispanic (Hispano) Asian (Asiático) Native American (Nativo Americano) Other (Otro)				
NAME OF SCHOOL (Attending This Coming Year) (NOMBRE DE LA SECUNDARIA O PREPARATORIA a la que asistira este proximo ano)				
SCHOOL DISTRICT. (DISTRITO ESCOLAR)				
Family Income: <input type="checkbox"/> Less than \$20K <input type="checkbox"/> \$20-35K <input type="checkbox"/> \$35-50K <input type="checkbox"/> \$50-65K <input type="checkbox"/> \$65-80K <input type="checkbox"/> \$80-95K <input type="checkbox"/> \$95K+				
<input type="checkbox"/> XS <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> Other (specify):				
Student's T-shirt size in adults size: (Indique la talla de camiseta que usa el estudiante):				
Parent's/Guardian's Name (Last, First, MI) (Nombre del padre/tutor [Apellido, Nombres])				

If my child(ren) is(are) accepted into the program, as parent/guardian I agree to the following:

Si mi hijo es aceptado en el programa, como padre/tutor estoy de acuerdo con lo siguiente:

1. My child has permission to use the Internet and other computer software as deemed part of this St. Philip's College (SPC) program. **(Mi hijo tiene permiso de usar el internet y otro tipo de programas software que sean parte de este programa)**
2. I understand photos may be taken for advertising SPC programs. I acknowledge that I and/or my child(ren) shall receive no compensation for the photographs, and I acknowledge that all negatives and positives, together with the prints, are owned by Alamo Community College District (ACCD) on behalf of SPC. I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising out from or related to the use of the photograph. I give permission for my child(ren)'s picture to be used for such purposes. **(Entiendo que se tomaran fotografías para publicidad de los programas de SPC. Estoy de acuerdo en que mi hijo(s) no recibirán ninguna compensación económica por las fotografías, y que los negativos y fotografías son propiedad de Alamo Community College District (ACCD) por parte de SPC. Por lo tanto, declino el derecho de inspeccionar o aprobar las fotografías o material electrónico que se use en conjunto con las fotografías ahora o en el futuro. Doy permiso de que las fotografías de mi(s) hijo(s) se usen para lo anteriormente especificado).**
3. I understand ACCD and SPC are not responsible for any personal items (i.e. clothing, games, money, etc.) my child may bring to class. **Estoy de acuerdo que ACCD y SPC no son responsables por ningún objeto personal (e.g. ropa, juegos, dinero, etc.) que mi hijo traiga al programa.**
4. I have discussed inappropriate behavior with my child(ren) and I am aware that inappropriate behavior or disciplinary problems will result in **dismissal from the program.** **He hablado con mi hijo(s) con respecto a un su comportamiento dentro del programa, y estoy de acuerdo en que una conducta inapropiada puede traer como consecuencia el ser expulsado del programa.**

I hereby certify that the above information is true, complete, and accurate.

(Yo aquí certifico que la información anterior es cierta, complete y exacta).

Parent/Guardian **Signature (Firma del Padre/Tutor)** _____ Date **(Fecha)** _____



2025 Science and Math Summer Academy
MATH TEACHER
RECOMMENDATION

Name of Applicant: _____

Dear Teacher,

This student is seeking acceptance to the Science and Math Summer Academy (SAMSA) hosted by the Centers of Excellence for Math and Science at St. Philip's College from June 9th-26th, 2025. The Centers are looking for future scientists, technologists, engineers and mathematicians. Please provide some sincere insight into this applicant's **behavior, respect, discipline, personality and any other information you believe will be helpful** in aiding to select this summer's SAMSA participants.

Your input:

Identify SPECIFIC STRENGTHS that will contribute to the academy as a whole.

Identify SPECIFIC CHALLENGES that you believe the academy could develop within the student.

Teacher Printed Name: _____ Signature: _____

School: _____ Subject: _____

Return to: **Katherine De Leon**
St. Philip's College
800 Quintana Road
San Antonio, TX 78211

Email: kdeleon29@alamo.edu



2025 Science and Math Summer Academy
SCIENCE TEACHER
RECOMMENDATION

Name of Applicant: _____

Dear Teacher,

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Teacher Printed Name: _____ Signature: _____

School: _____ Subject: _____

Return to: **Katherine De Leon**
St. Philip's College
800 Quintana Road San
Antonio, TX 78211

Email: kdeleon29@alamo.edu