

# G! WORLD

A PROGRAM OF



IT'S A GIRL'S WORLD AFTER ALL!



**This packet must be turned in before transportation can be given**

G! WORLD Program Coordinator:

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## What does G! WORLD Stand For?

**G**irls!

**W**orking on goals!

**O**vercoming obstacles!

**R**eaching your full potential!

**L**eading by example!

**D**estined for greatness!

## What is G! WORLD?

G! WORLD is a Neighborhood Centers of Johnson County program designed to empower, inspire and educate self-defined minority young women through group activities and meaningful discussions, impactful workshops, cultural outings and real-world experiences. In G! WORLD, the goal is for each girl to develop her own vision for the future by:

- Developing Leadership Skills
- Self-Acceptance & Self-Esteem
- Character Development
- Conflict Resolution
- Communication Skills
- Relationship Building
- Hands-On Experience

## Program Services:

- **G! Life** – neighborhood-based weekly group meetings from 5:00 pm-7:00pm. [Past programs were school-based. A neighborhood-based approach has been adopted to accommodate during the COVID-19 pandemic.]
- Youth Advocacy (**G! Support**) – school mediation, home visits, and connecting to resources
- **G! Clubs** – Interactive group activities & guest speakers, the first Friday of every month.
- Workshops-
  - **My Beaut “I” ful SELF** is a one-day event for young women, ages 13 to 17. MBS promotes self-efficacy, self-awareness, and building self-esteem in teen girls.
  - **Our Beaut “I” ful SELVES** is our annual spring Mother & Daughter mini-workshop created as an opportunity for mother-daughter bonding. The day’s goal is to promote communication and strengthen mother-daughter relationships.

## Field Trip Requirements:

- Attendance weekly to G! WORLD
  - At least 3x per month unless excused.
  - Excuses: tutoring, sports, or some involvement in school.
- Actively participating in group conversations and activities

## End of the year trip requirements:

- Grades throughout the year are a C’s average or higher
- Attended majority of weekly activities and G! Clubs
  - No More than 3 Un-excused Absences
  - Past behavior on field trips and events will be considered.

## **G! WORLD Code of Conduct and Guidelines**

## Code of Conduct

G! WORLD members are expected to conduct themselves as responsible representatives of the program. The following codes will be expected to be followed. By signing this you are stating you will follow the following guidelines: These guidelines help each G! WORLD member to have a successful and positive experience.

### Be Respectful

- I will not talk over another group member.
- I will actively listen to the person talking and not have side conversations.
- I will solve problems and conflicts in a positive and respectful manner, without using verbal insults or unwanted physical contact.
- I will respect my fellow G! WORLD members by maintaining confidentiality within the group at all times.
- I will treat other members with integrity and respect.
- I will follow directions of G! WORLD staff and volunteers.
- I will communicate with staff and volunteers in a respectful, polite manner, both verbally and nonverbally.

### Be Considerate

- I will remember that my decisions affect everyone around me.
- I will share encouraging words to other group members by focusing on positive traits and abilities in each member.
- I will help with setting up the room for group and put everything back after group.
- I will clean up my mess after eating snacks or completing a group activity.
- I will accept responsibility for my actions.

### If I do not follow this code of conduct then these are the consequences:

- First time- I will receive a verbal redirection to correct behavior.
- Second time- I will receive a clear verbal warning of expected behavior.
- Third time- I will be asked to sit out or be removed from activities for a duration of time set forth by G! WORLD staff or volunteer.
- Fourth time- I will be asked to not attend activities for a duration set forth by G! WORLD staff, my parent's, and myself.

I have read and understand the expectations set forth by the code of conduct. I agree to abide by these expectations and understand the consequences that may follow as a result of violating the code of conduct.

Student's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

# Neighborhood Centers of Johnson County Family Intake

## Parent Information

Adult Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_  
 Phone # \_\_\_\_\_ Address \_\_\_\_\_  
 Email Address \_\_\_\_\_ Are you in school? PT FT  
 Are you employed? PT FT Place of employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
 -----

Adult Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_  
 Phone # \_\_\_\_\_ Address \_\_\_\_\_  
 Email Address \_\_\_\_\_ Are you in school? PT FT  
 Are you employed? PT FT Place of employment \_\_\_\_\_ Work Phone \_\_\_\_\_

## Child(ren) Information

Name	Birthdate	School & Grade	Race	Gender	NCJC Program?

Primary language spoken in home \_\_\_\_\_

*Race key: AA:African American, AI: American Indian or Alaskan Native, A: Asian, NH: Native Hawaiian or Other Pacific Islander, W: White, H:Hispanic, O:Other*  
**Please Identify all that apply**

<b>FOR OFFICE USE ONLY</b>	
_____ Name of Enrolled Child	_____ G! WORLD Program of Enrolled Child

**Emergency Contact Information**

Listed below is the person I authorize you to call when you are unable to reach me. I understand this person will be expected to come for my child if I am unable to be reached and my child must be picked up. **I authorize this person to pick up my child.** *If this number changes, please inform Neighborhood Centers of Johnson County.*

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Place of employment \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Place of employment \_\_\_\_\_ Phone # \_\_\_\_\_

**Release of Liability**

I release Neighborhood Centers of any liability during my participation in programs at Neighborhood Centers of Johnson County. I give my consent for my child(ren) to participate in programs at Neighborhood Centers of Johnson County; which may include off-site field trips, area walks, and playground play. I release Neighborhood Centers of any liability (including while transporting), unless negligence is proven.

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

\_\_\_\_\_  
Date

**Photography Release**

I give my consent to Neighborhood Centers of Johnson County to take photographs of my child and to use the photographs of my child in promoting the purpose of the center. I understand that no financial benefits from the use of the photographs are obligated to be paid to me.

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

\_\_\_\_\_  
Date

# NCJC Youth Emergency Medical and Pick Up/Dismissal Form

Child's Full Name: \_\_\_\_\_ School of Program: \_\_\_\_\_

## EMERGENCY MEDICAL CONSENT

Child's Physician \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Past surgery or major illness, special health needs (allergies, asthma, etc.) & present medications:  
\_\_\_\_\_  
\_\_\_\_\_

In the event that my child may require medical, dental and / or surgical care while I am unable to be reached, I hereby give my consent for medical, dental and / or surgical treatment. I agree to pay all costs and fees contingent on any emergency medical care and / or treatment for my child as secured or authorized under this consent.

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

\_\_\_\_\_  
Date

## PICK UP/DISMISSAL CONSENT

Please indicate below your pick up/dismissal option from program each day.

### Pick Up Option

I, or someone else I designate, will pick up my child each day. The following people have permission to pick-up my child:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Walk Home Option

My child has permission to walk home at \_\_\_\_\_. I understand that NCJC will NOT be walking my child home.

### Busing Option (when available)

If busing is an option, I would like my child to take an ICCSD school bus home. I understand that NCJC will NOT be riding the bus with my child.

### NCJC Transportation Option (when available)

If NCJC transportation is an option, I would like my child to take NCJC transportation home.

Name of person (s) who may NOT pick up the child:  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

## ATTACHMENT D

### Consent to Release and Exchange of Information

A copy of this form is considered as valid as the original. The Contact Person will send copies of this form to all individuals/agencies listed below. Individuals/agencies listed are responsible for providing requested information.

We want to protect student and family confidentiality, while complying with both state and federal law, including but not limited to the Privacy Act of 1974, specifically the Family Educational Rights and Privacy Act (FERPA.) By signing this form, you are giving permission to the individual(s)/organization(s)/agency(ies) listed below to share information which would otherwise be confidential.

◆ Child/Student \_\_\_\_\_ Birth date \_\_\_\_\_  
(Legal Last Name) (First) (MI) (Mo Day Yr)

I give permission for the parties named below to release and receive written and verbal information regarding the above named child/student for the purpose of the release and exchange of educational records and program information to coordinate after school activities with the school day.

◆ I understand that I may revoke permission by giving written notice to each party named below. I understand  
Emmeka Hawkins  
\_\_\_\_\_  
(Contact Person)  
G! WORLD  
\_\_\_\_\_  
(Position/Agency) (Phone #)

can direct me to the shared information upon request.

◆ The following agencies and organizations will collaborate with one another in planning, coordinating, and delivering services to students receiving services under the program, \_\_\_\_\_ being administered by the Iowa City Community School District. Therefore, this form permits the use, disclosure and re-disclosure of confidential information for the purpose stated above and delivery of said services.

I understand that state and federal law prohibits persons that receive mental health, alcohol or drug abuse, and educational records from re-disclosing those records without permission. I also understand that not every organization that may receive a record is required to follow federal HIPAA rules governing the use and disclosure of protected health information. [HIPAA is a federal law intended to protect confidentiality of health care information.]

I HEREBY GIVE PERMISSION TO THE PERSON(S), AGENCY(IES), AND ORGANIZATION(S) THAT RECEIVE RECORDS PURSUANT TO THIS AUTHORIZATION TO RELEASE AND REDISCLOSE THAT RECORD AND THE INFORMATION IN THAT RECORD TO OTHER PERSONS, ORGANIZATIONS, OR AGENCIES LISTED HEREIN FOR THE PURPOSES OUTLINED ABOVE, BUT FOR NO OTHER PURPOSE WHATSOEVER.

1. <u>Iowa City Community School District</u>	<u>319-688-1015</u>
Individual and/or Position and Agency	Phone

Address: 1725 N. Dodge St., Iowa City, IA 52245

Info to share: Educational records and program information to coordinate youth after school activities

2. \_\_\_\_\_  
Name of Individual and/or Position and Agency Phone

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

Info to share: \_\_\_\_\_

**ATTACHMENT D**

<b>3.</b>	Name of Individual and/or Position and Agency	Phone
	Address: _____	
	Info to share: _____	
<b>4.</b>	Name of Individual and/or Position and Agency	Phone
	Address: _____	
	Info to share: _____	

- ◆ I understand that this permission and release is valid for one year following its execution, and that this permission and release will **expire one year from today's date**. I understand that this permission and release may be revoked. I understand that if this permission is revoked, it may not be possible to continue to participate in certain programs. I will be informed of that possibility if I wish to revoke this permission. I also understand that records disclosed before this permission is revoked may not be retrieved. Any person, agency, or organization that relied on this permission may continue to use records and protected information as needed to complete work that began prior to the revocation of this permission.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian

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

<b>SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW:</b>		
My signature authorizes release of all information relating to (check appropriate boxes):		
<input type="checkbox"/> Mental Health/Psychological	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> HIV Status/AIDS related testing
<input type="checkbox"/> Other (specify) _____		
◆ Signature _____	◆ Signature _____	
Parent/Legal Guardian	Student	Date

◆ Witness \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Individual and/or Position and Agency



**SCHOOL-AGE ASSESSMENT & HEALTH FORM  
& IMMUNIZATION DECLARATION**

1. **HEALTH STATEMENT** - To be completed by parent.

Child's Full Name \_\_\_\_\_

Birth Date \_\_\_\_\_

1. Significant illnesses and surgeries child has had (give age at time):

\_\_\_\_\_

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

\_\_\_\_\_

2. **PHYSICAL ASSESSMENT**

1. Is there any defect of vision, hearing or speech of which the child care program should be aware, or could compensate by appropriate action?

\_\_\_\_\_

2. Is this child subject to any conditions which limit classroom activities or physical education?

\_\_\_\_\_

3. Is this child subject to any condition which may result in an emergency situation?

\_\_\_\_\_

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

\_\_\_\_\_

5. Other information you would like to share:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR CENTERS SERVING SCHOOL-AGE CHILDREN OPERATING IN THE SAME SCHOOL  
FACILITY IN WHICH THE CHILD ATTENDS SCHOOL:

**My signature below certifies that immunization information concerning my child has been provided and is available in the school file.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# HOUSEHOLD SURVEY (NCJC FY22)

Parent Name: \_\_\_\_\_ NCJC Program: \_\_\_\_\_

Please list family members in the home and their race (check all that apply) and ethnicity

Family Member Name	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Ethnicity: Hispanic or not Hispanic

Income:

The City of Iowa City utilizes the Part 5 annual income definition (as defined in 24 CFR Part 5) to calculate annual (gross) income. **Please check the appropriate box below based on the number of persons in your household.** Should you have any questions concerning income that is included or excluded, please contact Iowa City Community Development Staff at 356-5230.

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% AMI	\$0 - \$20,950	\$0 - \$23,950	\$0 - \$26,950	\$0 - \$29,900	\$0 - \$32,300	\$0 - \$34,700	\$0 - \$37,100	\$0 - \$39,500
50% AMI	\$20,951 - \$34,900	\$23,951 - \$39,900	\$26,951 - \$44,900	\$29,901 - \$49,850	\$32,301 - \$53,850	\$34,701 - \$57,850	\$37,101 - \$61,850	\$39,501 - \$65,850
80% AMI	\$34,901 - \$55,850	\$39,901 - \$63,800	\$44,901 - \$71,800	\$49,851 - \$79,750	\$53,851 - \$86,150	\$57,851 - \$92,550	\$61,851 - \$98,900	\$65,851 - \$105,300
Over 80%	Above \$55,850	Above \$63,800	Above \$71,800	Above \$79,750	Above \$86,150	Above \$92,550	Above \$98,900	Above \$105,300

(Income Guidelines Effective 6/1/2021)

I certify that the information above is, to the best of my knowledge and belief, true, correct and complete as of the date of application. I am aware that the information being provided is subject to verification by the local or Federal government.

Head of Household Signature: \_\_\_\_\_

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