

THE POWER TO LEAD YOUNG WOMEN LEADERSHIP PROGRAM

Info-pack and Registration 2018

Introduction

At Woman's Hope. We believe in the rights and abilities of every girl. Our program strives to inspire girls to be strong, smart, and bold with programming that focuses on a healthy lifestyle, academic achievement and life-skills.

Our programs teach girls to manage self, develop healthy relationships, deal with peer pressure, critically examine the media, be physically active, and develop a love of science, technology and math.

Woman's Hope creates a space that is pro-girl and for girls only, a physically and emotionally safe environment where a girl can build her strengths and set positive goals.

She's exposed to new experiences and possibilities for her future like going to college, exploring professional careers, and preparing for a life of interesting and important work.

Program Dates April 13th – April 17th

Our program includes:

- 5 days full board camp

Woman's Hope. Identity and leadership programming with fun, hands-on, learning opportunities focused on

- Self-Awareness and self esteem
- Career mentoring especially focusing on STEM
- Adolescent reproductive health
- Personal responsibility
- Human Rights
- Leadership & Community Action

The Program Need

Adolescence is a time of psychological risk and heightened vulnerability for girls. Prior to adolescence, many girls are able to voice their feelings and demonstrate a strong sense of self. When they reach puberty, however, they may be torn between pressures to conform to a dominant cultural ideal of “selfless” femininity and womanhood or to move toward maturity through separation and independence.

There is risk in conforming and losing one’s voice as well as important relationships. They are further hampered because there is enormous resistance by adults to listen to girls, especially marginalized girls.

As a result, adolescent girls often lose their voices. This is a critical period too because puberty brings about physical changes and gender roles become more defined as girls begin the transition to adulthood.

While for boys, adolescence means greater possibilities and a broadening world, for girls it means greater limitations.

Registration Requirements

All of the following items are required in order for your registration to be complete.

- **Complete Application Packet for each participant**
- **Kshs 5000 Registration Fee for each participant**
- **Copies of parent and Guardian IDs**

Registration materials can be dropped in person at Woman’s Hope .We are located at Kongoni Road Hardy Karen, or by email to consolata Waithaka at consoandgirls@gmail.com .

Questions specifically regarding application materials can also be directed to Consolata Waithaka at the email address above or through calling on the number 0737-333-741.

Your registration is not complete and your spot will not be held until we have received your completed application packet and your registration fee, this includes ALL supporting documentation.

You may pay your registration fee in cash, and through **Mpesa till number-514132**

If you would like to meet our staff and see our facility before you register, we would love

to show you around! Please schedule a tour, by emailing carol at info@womanshope.org.

Attendance

You are responsible for ensuring that your girl gets to the camp on or before **9 am** in the morning and she is picked by **4pm** on the departure day

Illness and Medication

Although all woman's hope Facilitators are first Aid certified, they have no other medical training. If a girl is unable to participate in the normal routine, the parent/guardian will be called and must come pick up the girl. If a primary parent/guardian cannot be reached, we will contact alternate contacts provided for pick-up. Participants will not be allowed to continue the Program if they have in the last 12 hours, have had (1) fever greater than 100 degrees, (2) serious diarrhea or vomiting, (3) a contagious rash or illness, (4) obvious pain or discomfort. .

Any medications girls must take while at the camp must have written directions and signed authorization from a parent/guardian. Medication must be in its original container with an unaltered label containing the child's name and the date. Medication will be stored in the front office.

Behavior

Woman's Hope. Promotes self-discipline and works to create rules and structure that help each girl feel safe and secure and ensure all girls show respect to each other, staff, volunteers and the space. We also try to focus on incentives for positive behavior. When participants break rules, they are reminded of the expectations at Woman's Hope and discuss their behavior with staff, or take a short time away to calm down. Often this is all that is necessary.

Participants can also be given consequences designed to change future behavior such as writing down what they could do differently next time. For behavioral issues a white slip will be sent home to parents to inform them of the issue and what can be done to address it.

Evaluation

Woman's Hope is dedicated to providing high quality, intentional programming that moves girls forward to become strong, smart and bold women. To continue improving our programming to meet these goals, we utilize a number of different tools to evaluate the effectiveness of our programs. In addition, information from these evaluations is used to improve the program taken by participants to measure content knowledge such as a skills survey of what they learned.

Payment Policies

Admission fee – an admission fee of 5,000 will be charged and should be paid 3 days before the camp begins – this ensures that you secure a spot

Participation fee- the rest of the 10,000-participation fee will on admission

Non-Refundable Policy: The Admission Fee of 5000 is Non-refundable. No refund will be granted to any parent who abruptly withdraws attendance of their child or after dismissal for any behavioral reason.

Participants information

Participant Information

First Name: _____ Last Name: _____

Date of Birth: _____ school year: _____

New or Returning Member: _____

School: _____

How did you hear about this program? _____

Medical Information

Please list any medical information we should be aware of including any **allergies, medications, diagnoses or other concerns**.

Please include any way these conditions or behaviors may need addressed or accommodated. For example, if your child has been diagnosed with Asthma please describe behaviors we should expect to see or if there are behavior modification techniques (incentives or disciplines) used at home or at school. This will help us work to provide your child the best camping experience. Please attach additional information or discuss this with us as necessary.

Program Registration Form

Primary Parent or Guardian Contact

First Name: _____ Last Name: _____

Relationship to participant: _____ Email: _____ Address: _____

_____ City

Best phone # to reach you: _____

2nd phone # to reach you: _____

Secondary Parent or Guardian Contact

First Name: _____ Last Name: _____

Relationship to participant: _____ Email: _____ Address: _____

_____ City:

Best phone # to reach you: _____

2nd phone # to reach you: _____

Other contacts authorized to pick up child.

(Please limit to no more than 3 authorized pickups besides parents or guardians)

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

I have provided Woman's Hope with all necessary medical information and can be reached at the numbers listed. I acknowledge and accept the risk for any accidents or injuries arising by reason of participation in the program, by myself or the person who is shown as the "participant." I agree to hold Woman's Hope officials, staff, volunteers and partners harmless from any accidental injury or loss of property that may occur to the participant or myself while participating in any programs. I further give consent for pictures of the participant or materials produced by the participant to be used for program documentation, marketing and promotional materials.

Parent/Guardian Signature: _____ Date: _____

Acknowledgement of Woman's Hope Policies

I-----, parent/guardian of -----, have read and I understand the attendance, illness, medication, behavior and evaluation policies that have been set forth by Woman's Hope '**The Power to Lead Program**'. I acknowledge that it is my responsibility to adhere to all these policies and make all required payments by the stated deadlines

Parents/guardian signature----- Date: -----