### **About GALs**

The GALs program provides a safe and comfortable environment for young women to take an active role in improving their self-confidence and equipping them with the skills necessary for success into high school and beyond.



### **Program Objectives**

The goal of the GALs program is for participants to develop positive leadership skills, strengthen social skills, practice more effective communication skills, and enhance their self-image, promoting academic and vocational success. Participants will also make new friends and have fun!

### **GALs Program Coordinator**

Tabitha Figueroa tfigueroa@danburyyouthservices.org



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Empowering youth and families to build positive and fulfilling lives.





Girls As Leaders
GALs

### **Girls As Leaders**

### Program will focus on:

Leadership Skills

**Emotional Development** 

Relationships

Social Pressures

Coping Skills

**Body Image** 

**Academic Success** 

Community Involvement

**Stress Management** 

**STEM Topics** 

Communication

**Registration** for the 2024 GALs Spring session is now open

for girls in 6th—8th grade

Sessions begin February 13, 2024

GALs will meet Tuesdays & Thursdays

4:30 to 6:30 pm

And Fridays

4:00 to 6:00 pm at Danbury Youth Services 91 West Street in Danbury

Return registration form to DYS no later than February 7th.

# **Leadership Qualities**

Responsibility

Listening to others

Courage & bravery

Self-Confidence

Appreciating your talents

& the talents of others

Trusting your opinions & choices

Effective decision making

Healthy boundaries

Being a positive role model

Supporting your community

Believing in yourself

# THE ABILITY TO MAKE SOMETHING EXTRAORDINARY HAPPEN!



## Registration

#### **Participant Information**

| name:                         |
|-------------------------------|
| Age: Grade:                   |
| School:                       |
| Parent/Guardian Information   |
| Name:                         |
| Address:                      |
| Home Phone:                   |
| Cell Phone:                   |
| Email Address:                |
| Emergency Contact Information |
| Name:                         |
| Phone Number:                 |
| Relationship:                 |
|                               |

#### By signing below I agree that:

- I give permission for chaperones, administrators, and personnel affiliated with Danbury Youth Services, Inc. to seek medical attention for my child should he/she become injured. I hereby release chaperones, administrators personnel, Danbury Youth Services, Inc and their agencies, commissioners, representatives and employees from all claims with respect to any injury sustained by my child as a result of participation in any program sponsored by Danbury Youth Services, Inc.
- I authorize Danbury Youth Services, Inc. to use photographs taken of my child/youth during program time and on field trips. I grant permission for these photographs to be used in promoting the work of Danbury Youth Services, Inc. I further authorize permission for the media (newspaper, television, radio) to interview my child and use his/her name if the media publishes an article or conducts an interview concerning any program sponsored by Danbury Youth Services, Inc.
- I give permission for my child to attend any field trips to various local points of interest in Danbury, CT. This will be allowed throughout Danbury Youth Services Programs. These trips will be under the supervision of Danbury Youth Services staff members

Parent/Guardian Signature: Date: