



Woodbridge Youth Services
After-School Cooking
 AMSB Cafeteria



Courtney Huggins, ShopRite Registered Dietician, will conduct 4 How-To and Tasting sessions, each focusing on different healthy after-school snacks and easy to prepare meals. Classes are \$10.00 each. Choose as many as you'd like! (Apply \$5.00 discount for all four!).

NAME OF STUDENT: _____

Dates: _____ **Cost**

Thursday, February 22nd	\$ _____
Thursday, March 1st	\$ _____
Tuesday, April 3rd	\$ _____
Tuesday, April 24th	\$ _____
I want all 4 with a \$5.00 Discount!	\$ _____
	Total \$ _____

All classes are 2:25-4:00 (Late busses available).

****PLEASE COMPLETE THE PERMISSION SLIP ON THE BACK OF THIS FORM****

Please send check payable to Woodbridge Youth Services, 4 Meetinghouse Lane, Woodbridge, CT 06525. Space is limited! Checks must be received 2 weeks prior to class date and will be accepted on a first-come, first-served basis, and is open to all AMSB students. Late busses will be available. Call 203-389-3429 or email youthone@woodbridgect.org with questions.



WOODBRIIDGE YOUTH SERVICES COOKING CLASS PERMISSION SLIP

PERMISSION AND EMERGENCY/MEDICAL INFORMATION

Emergency

Contact: _____ Relationship: _____ Phone: _____

Emergency

Contact: _____ Relationship: _____ Phone: _____

Please list any medical or emotional concerns including any allergies _____

I give permission for my child to participate in the programs at Woodbridge Youth Services. I understand that Woodbridge Youth Services does not screen all individuals or organizations in the Community Service Programs and I assume all responsibility to determine if the work is appropriate for my child.

Parent/Legal Guardian Signature Date

I agree to comply with the rules of the program. _____ *Student Signature Date*

PARTICIPANT INFORMATION

Participant's Name: _____ Date of Birth: _____ Age: _____

Address: _____ Town: _____

Zip: _____

School: _____ Grade: _____ Gender: _____ (If Summer, list school/grade entering)

Parent/Legal Guardian Name: _____ Home

Phone: _____

Parent/Legal Guardian Name: _____ Home

Phone: _____

Work Phone: _____ Cell Phone: _____ E-

mail: _____

Referred to the program by: _____

Please check here if you do *NOT* want your child's photo published.

Please check here if you do *NOT* want your child's name published but agree to have his/her photo published.

Ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino
- Single Parent (Female)

Race:

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Multi Racial
- White
- Other

Family Constellation

- 2 Birth/Adoptive Parents
- Step & Birth Parent
- Not Eligible
- Single Parent (Male)
- Grandparents
- Relative/Guardian
- DCF
- Foster Parent (s)
- On Own
- Joint Custody
- Other

Free/Reduced Lunch:

- Receives Free/Reduced Lunch
- Eligible for Free/Reduced Lunch