



Topics include:

**Answering Phones, Someone at the Door,
Fire Safety, Calling 911, Internet Safety,
and Nutritious Snacks**

Police and Fire Departments participate.

Hurry Space is Limited

Woodbridge Youth Services

will sponsor the

Home Alone Course

on Tuesday, February 20, 2018

10:30 a.m. to 12:30 p.m.

for

children ages 9—12

**Location: Woodbridge Center Building
4 Meetinghouse Lane, Room 11**

Cost: \$15.00

Healthy snacks will be provided.

**Please call (203)389-3429 to register or
visit our website for permission slip at**

<http://www.woodbridgect.org/160/Youth-Services>

to be mailed with payment by 2/15/18 to:

Woodbridge Youth Services

11 Meetinghouse Lane

Woodbridge, CT 06525

Sign up for alerts at <http://www.woodbridgect.org/list.aspx>

WOODBIDGE YOUTH SERVICES HOME ALONE COURSE PERMISSION SLIP

PARTICIPANT INFORMATION

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

Address: _____ Town: _____ Zip: _____

School: _____ Grade: _____ Gender: _____

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 your child does **NOT** have permission to fill out anonymous surveys

DEMOGRAPHICS (please check one in each category)

Ethnicity:

___ Hispanic/Latino

___ Not Hispanic/Latino

Family Constellation

___ 2 Birth/Adoptive Parents

___ Step & Birth Parent

___ Single Parent (Female)

___ Single Parent (Male)

___ Grandparents

___ Relative/Guardian

___ DCF

___ Native Hawaiian/Other Pacific Islander

___ Multi Racial

___ On Own

___ Joint Custody

___ Other

Free/Reduced Lunch:

___ Receives Free/Reduced Lunch

___ Eligible for Free/Reduced Lunch

___ Not Eligible

Note:

We provide certain demographic information from this form to the State of CT Department of Education for statistical and research purposes.

PERMISSION AND EMERGENCY/MEDICAL INFORMATION

Emergency Contact: _____ Relationship: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Please list any medical or emotional concerns including any allergies _____

In case of emergency, if I cannot be reached, I give permission to the attending physician to hospitalize, secure necessary treatment, order injections, anesthesia, or surgery for my child named on this form. In addition, I give permission for my child to participate in the programs at Woodbridge Youth Services.

Parent/Legal Guardian Signature: _____ Date: _____