

# WOODBRIIDGE YOUTH SERVICES KINDNESS KLUB PERMISSION SLIP

## 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.

## DEMOGRAPHICS (please check one in each category) (Optional)

<u><b>Ethnicity:</b></u>	<u><b>Family Constellation</b></u>	<u><b>Free/Reduced Lunch:</b></u>
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> 2 Birth/Adoptive Parents	<input type="checkbox"/> Receives Free/Reduced Lunch
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Step & Birth Parent	<input type="checkbox"/> Eligible for Free/Reduced Lunch
	<input type="checkbox"/> Single Parent (Female)	<input type="checkbox"/> Not Eligible
	<input type="checkbox"/> Single Parent (Male)	
<u><b>Race:</b></u>	<input type="checkbox"/> Grandparents	<div style="border: 1px solid black; background-color: #ffffcc; padding: 5px;"> <p><i>Note:</i> We provide certain demographic information from this form to the State of CT Department of Education for statistical and research purposes.</p> </div>
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Relative/Guardian	
<input type="checkbox"/> Asian	<input type="checkbox"/> DCF	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Foster Parent (s)	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> On Own	
<input type="checkbox"/> Multi Racial	<input type="checkbox"/> Joint Custody	
<input type="checkbox"/> White	<input type="checkbox"/> Other	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	

## PERMISSION AND EMERGENCY/MEDICAL INFORMATION

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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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*

