

WOODBRIIDGE YOUTH SERVICES HOME ALONE COURSE 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: _____

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
 Foster Parent (s)
 On Own
 Joint Custody
 Other

Free/Reduced Lunch:

- Receives Free/Reduced Lunch
 Eligible for Free/Reduced Lunch
 Not Eligible

Race:

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

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: _____

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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:** _____

