

# WOODBRIIDGE YOUTH SERVICES

## PERMISSION SLIP FOR KINDNESS KLUB 2018—2019

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Referred to the program by: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check here if you do <b>NOT</b> want your child's photo published by Youth Services.
Please check here if you do <b>NOT</b> want your child's name published with a photo.
Please check here if your child does <b>NOT</b> have permission to fill out anonymous survey about the program.

### DEMOGRAPHICS (optional) Please check one in each category\*

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

*\*We provide certain demographic information from this form to the State of CT Department of Education for grant reporting purposes.*

### EMERGENCY CONTACTS AND PERMISSION

**List additional contacts if parents/guardians can not be reached**

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 Woodbridge Youth Services Program. I realize that my child is responsible for his/her own belongings, and will discuss with him/her the need for personal responsibility, including the respect for the class instructor's directions. I release Woodbridge Youth Services and the Town of Woodbridge from liability, costs, and/or damages of any nature resulting out of my child's participation in Woodbridge Youth Services programs. My signature on this form also gives the chaperones permission to seek medical assistance in case of an emergency.

**Parent Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**I agree to participate in the Woodbridge Youth Services Kindness Klub and will abide by the rules set by the instructor.**

**Student Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_