

WOODBIDGE YOUTH SERVICES PERMISSION SLIP FOR KINDNESS KLUB

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

DEMOGRAPHICS (optional) Please check one in each category*

Note:
We provide certain demographic information from this form to the State of CT Department children & Families for statistical and research purposes.

<u>Ethnicity:</u>	<u>Race:</u>	<u>Family Constellation</u>	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> 2 Birth/Adoptive Parents	<input type="checkbox"/> Relative/Guardian
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Step & Birth Parent	<input type="checkbox"/> DCF Guardianship
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Single Parent (Female)	<input type="checkbox"/> Foster Parent (s)
<u>Free/Reduced Lunch:</u>	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Single Parent (Male)	<input type="checkbox"/> On Own
<input type="checkbox"/> Receives Free/Reduced Lunch	<input type="checkbox"/> Multi Racial	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Joint Custody
<input type="checkbox"/> Eligible for Free/Reduced Lunch	<input type="checkbox"/> White		<input type="checkbox"/> Other
<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Other		

EMERGENCY CONTACTS AND PERMISSION

List additional contacts if parents/guardians can not be reached

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 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** _____