

# WOODBRIDGE YOUTH SERVICES PERMISSION SLIP FOR BABYSITTER TRAINING

## PARTICIPANT INFORMATION

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

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_  
(If Summer, list school/grade entering) 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 name or photo published  
 Please check here if your child does **NOT** have permission to fill out anonymous survey

## DEMOGRAPHICS (please check one in each category)

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

*Note:*  
We provide certain demographic information from this form to CT Department of Children and Families 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 \_\_\_\_\_

I give permission for my child to participate in the programs at Woodbridge Youth Services. I understand my child will be required to wear a mask and remain socially distant.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to participate in the Woodbridge Youth Services Babysitters Training and will abide by the rules set by the instructor.

Student Signature : \_\_\_\_\_ Date: \_\_\_\_\_