WOODBRIDGE YOUTH SERVICES
PERMISSION SLIP FOR PAINT PARTY

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

Race:
__American Indian/Alaska Native
__Asian
__Black/African American
__Native Hawaiian/Other Pacific Islander
__Multi Racial
__White
__Other

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

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:_____

Emergency Contact:_____Relationship:_____Phone:_____

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 Paint Party and will abide by the rules set by the instructor.

Student Signature : _____ ***Date:***_____