WOODBRIDGE YOUTH SERVICES
PERMISSION SLIP FOR BABYSITTER TRAINING

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. (Not identified by name)**

☐ **Please check here if your child does *NOT* have permission to fill out anonymous course evaluation .**

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. Names are not identified.

PERMISSION AND EMERGENCY/MEDICAL INFORMATION

Emergency Contact:_____Relationship:_____Phone:_____

Emergency Contact:_____Relationship:_____Phone:_____

Please list any medical or emotional concerns including any allergies (including food allergies)

_____

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

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

I give permission for my child to attend the program at Youth Services.

Parent/Legal Guardian Signature: _____ ***Date:***_____