

WOODBRIDGE YOUTH SERVICES PERMISSION SLIP FOR HOME ALONE COURSE

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 surveys.

DEMOGRAPHICS (please check one in each category)

Ethnicity:

Hispanic/Latino
 Not Hispanic/Latino

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

Race:

American Indian/Alaska Native
 Asian
 Black/African American
 Native Hawaiian/Other Pacific Islander
 Multi Racial
 White
 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 Home Alone Course and will abide by the rules set by the instructor.

Student Signature : _____ Date: _____