

# WOODBRIIDGE 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 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: \_\_\_\_\_

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 Babysitters Training and will abide by the rules set by the instructor.**

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