

# WOODBRIIDGE YOUTH SERVICES PERMISSION SLIP FOR HOME ALONE COURSE

## 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)

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