

# WOODBRIDGE YOUTH SERVICES PERMISSION SLIP FOR PI DAY PIZZA CELEBRATION

## PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ (If Summer, list school/grade entering) Grade: \_\_\_\_\_ 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 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)

### 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

Single Parent (Male)  
 Grandparents  
 Relative/Guardian  
 DCF

**Note:**  
We provide certain demographic information from this form to CT Department of Children and Families for statistical and research purposes.

<u>PERMISSION AND EMERGENCY/MEDICAL INFORMATION</u>		
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 Pi Day Pizza Party and will abide by the rules set by the instructor.		
Student Signature : _____		Date: _____