

WINTER PAINT PARTY

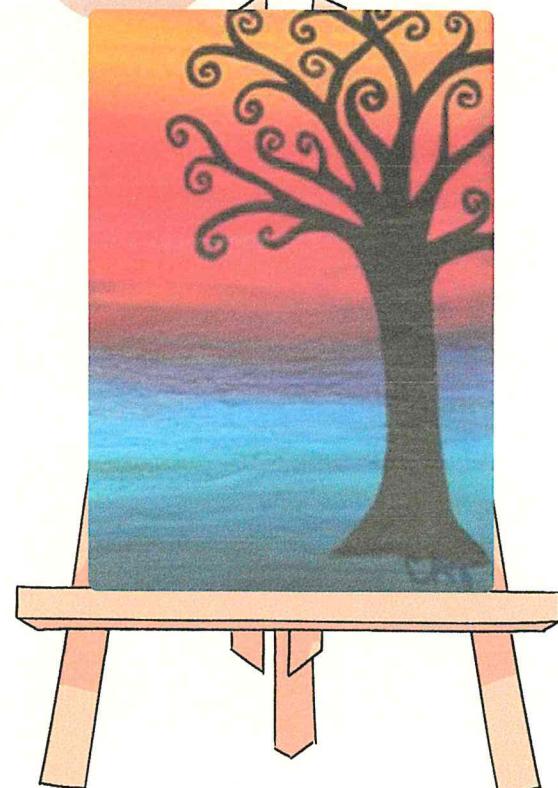
Want a creative way to spend a cold wintery afternoon?
Learn to paint a beautiful scene using the instructions of
an experienced artist from Picasso Parties!

Cost is \$15.00 per student.

*All supplies and snacks are
included*

Parent permission slip and payment
are required before the event.

To sign up, call or email Woodbridge
Youth Services at 203-389-3449 or
youthone@woodbridgect.org



**Amity Middle School Bethany
West Cafeteria (Rm. 36)**



**Wednesday, February 1st, 2023
2:30pm - 4:00pm**

Sponsored by Woodbridge Youth Services
and the Town of Bethany

WOODBRIDGE YOUTH SERVICES PERMISSION SLIP FOR PAINT PARTY

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. We do not publish names with the photos.
 Please check here if your child does **NOT** have permission to fill out anonymous surveys. (Used for grant data)

DEMOGRAPHICS (please check one in each category)

Ethnicity:	Family Constellation	Free/Reduced Lunch:
<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)	
	<input type="checkbox"/> Grandparents	
	<input type="checkbox"/> Relative/Guardian	
	<input type="checkbox"/> DCF	
	<input type="checkbox"/> Foster Parent (s)	
	<input type="checkbox"/> On Own	
	<input type="checkbox"/> Joint Custody	
	<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. Student names are not included in reporting.

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 that my child may be required to wear a mask and remain socially distant depending on the school policy on the date of the program.

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

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

Student Signature : _____ **Date:** _____