

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 child's photo published. (Not identified by name)
- Please check here if your child does **NOT** have permission to fill out anonymous course evaluation .

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. Names are not identified.*

PERMISSION AND EMERGENCY/MEDICAL INFORMATION

Emergency Contact: _____ Relationship: _____ Phone: _____

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Please list any medical or emotional concerns including any allergies (including food allergies)

I give permission for my child to participate in the programs at Woodbridge Youth Services. I understand my child may 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.