

WOODBRIIDGE 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 We do not publish names with the photos.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:

- ☐ 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. 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:** _____