

Town of Enfield Youth Services Youth Center
 19 North Main Street, Enfield CT 06082 - (860)253-6426 - Fax (860)253-5145

PERMISSION SLIP

This permission slip gives your child access to all Town of Enfield, Youth Service Youth Center programs, activities and events from today, _____, through June 30, 2012.

PARTICIPANT INFORMATION

Participant's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

School: _____ (for summer programs enter upcoming school/grade) Grade: _____ Gender: _____

Parent/Legal Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Referred to the Youth Service Bureau by: _____

- Please check here if you do *NOT* want your child's name or photo published:
- Please check here if your child does *NOT* have permission to fill out anonymous surveys:
- Please check here if the YSB does *NOT* have permission to obtain the State Assigned Student ID # from you child's school:
- Please check here if you do *NOT* want your child to have access to the computer network and/or internet:

DEMOGRAPHICS (please check one in each category)

Race:

- ___ American Indian/Alaska Native
- ___ Asian
- ___ Black/African American
- ___ Native Hawaiian/Other Pacific Islander
- ___ Multi Racial
- ___ White

Family:

- ___ 2 Birth/Adoptive Parents
- ___ Step & Birth Parent
- ___ Single Parent Female
- ___ Single Parent Male
- ___ Grandparent
- ___ Relative/Guardian
- ___ DCF
- ___ Foster Parent
- ___ On Own
- ___ Joint Custody
- ___ Other

Total People in Household:

- ___1 ___2 ___3
- ___4 ___5 ___6
- ___7 ___8 ___9 or more

Free/Reduced Lunch:

- ___ Receives Free/Reduced Lunch
- ___ Eligible for Free/Reduced Lunch
- ___ Not Eligible

Ethnicity:

- ___ Hispanic/Latino
- ___ Not Hispanic/Latino

[Note: We provide certain demographic information from this form to the State of CT Department of Education for statistical and research purposes]

PERMISSION AND EMERGENCY/MEDICAL INFORMATION

If your child requires pick-up, is there anyone *NOT* authorized to do so: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Are there any specific medical conditions we should be aware of? (food allergy, illness, behavior concerns _____)

In case of emergency, if I cannot be reached, I give permission to the attending physician to hospitalize, secure necessary treatment, order injections, anesthesia, or surgery for my child named on this form. Additionally, I the undersigned do hereby waive and hold the Town of Enfield, its employees and agents, harmless from any personal or property damage I or my child may incur while participating in this activity. I also understand the Town of Enfield does not provide accident or health insurance. In addition, I give permission for my child to participate programs at the Youth Service Bureau.

Parent/Legal Guardian Signature: _____ Date: _____

OFFICE USE ONLY:

DATE RECEIVED: _____

SCHOOL CODE: _____

Sliding Fee Approved: _____

STAFF NAME: _____

FEE: \$15 PAID AMOUNT: \$ _____

Amt. _____