

CROMWELL YOUTH SERVICE BUREAU PERMISSION SLIP

- Information requested on this form is for statistical purposes and is required by the State of Connecticut Board of Education in order to qualify for funding. Information is confidential.

I _____, GIVE PERMISSION FOR MY
(SON/DAUGHTER _____) TO ATTEND.
name
YOUTH SERVICE PROGRAM IS _____.
ON _____ TIMES _____.
PARENT/ GUARDIAN _____.
HOME PHONE # _____ WORK _____ CELL _____.
HOME ADDRESS _____.
GENDER MALE ___ FEMALE ___ DOB _____ CURRENT GRADE LEVEL _____
SCHOOL ATTENDING _____

ETHNICITY	RACE
HISPANIC/LATINO	AMERICAN INDIAN OR ALASKA NATIVE
NON HISPANIC/LATINO	ASIAN
	BLACK OR AFRICAN AMERICAN
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
	MULTIRACIAL
	WHITE
	OTHER
	UNKNOWN

PLEASE CHECK: YOUTH LIVES WITH:

TWO BIRTH/ADOPTIVE PARENTS	STEP AND BIRTH PARENT
SINGLE PARENT (FEMALE)	SINGLE PARENT (MALE)
GRANDPARENTS	RELATIVE/GUARDIAN
FOSTER PARENTS	ON OWN
	JOINT CUSTODY
	OTHER

LIST SIBLINGS: _____

PLEASE LIST ANY SPECIAL "NEEDS" OR MEDICAL CONDITIONS THAT THIS CHILD MAY HAVE (ALLERGIES, CONDITIONS, ETC.)

In case of emergency if parent /guardian is unavailable, please list emergency contact:

Name	Phone
Address	Relationship
Signature	Date

*I give permission for my child to be photographed _____ yes _____ no _____
*It is understood that Cromwell Youth Services and it's agents are not liable for any injury(s) sustained during those activities.
*I hereby give permission for the child named above to participate in program(s) listed. I hold harmless the Town of Cromwell, it's officials, agents and employees for any financial liabilities or obligations which the named person incurs or causes injury or damage to persons or property while participating. I will carry health and life insurance to cover injury or illness and understand the named person is responsible for exercising caution and common sense to avoid injury and will abide by all rules and regulations.

**ALL STUDENTS NEED TO PRE-REGISTER FOR THESE PROGRAMS WITH CHECKS PAYABLE TO:
CROMWELL YOUTH SERVICES/ 41 WEST STREET, CROMWELL, CT. 06416
ahale@cromwellct.com 860-632-3448 860-632-3474**

*Spaces are limited....please respond as soon as possible to secure a space for your youth. Fee due at time of registration, please.

*Financial assistance available for program participation to those qualified.

VISIT THE TOWN OF CROMWELL WEBSITE FOR MORE INFORMATION ON PROGRAMS AVAILABLE, RECENT UPDATES, AND PRINTABLE PERMISSION FORMS: www.cromwellct.com ~ click on Town Departments ~ click on People Services ~ click on YOUTH SERVICES

Youth Service Bureau's (YSB'S) have been leaders among community based agencies in the planning and provision of positive youth development and primary prevention programs since 1971. This system has grown from a handful of agencies representing a few municipalities to over 95 representing over 100 out of 169 municipal governments. The purpose of the Youth Service Bureau is to develop and maintain a coordinated network of resources and opportunities for children, youth and families. Our mission in Cromwell is to be an advocate for youth of all ages and their families. To keep watchful eye on the needs in our community and existing services designed to meet those needs. All services are confidential.