



Clinton Youth and Family Services

Summer Programs—2018

PERMISSION FORM

This form gives your child access to Clinton Youth & Family Services summer programs through August 30th, 2018. Please return form with payment to: Jill Paglino, CYFS, 48 East Main Street, Clinton CT 06413.

Program Name: _____ **Program Fee:** _____
Child's Name: _____ **Date of Birth:** _____ **Age:** _____
Address: _____ **Town:** _____
School: _____ **Grade in September:** _____
Parent/Guardian(s): _____ **Best Phone Number:** _____
Parent email: _____

Sometimes we post camp photos to our Facebook page. Check here if you do not want your child's photo posted _____

DEMOGRAPHICS (Please check one in each category)

<p>Race:</p> <p><input type="checkbox"/> American Indian/ Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> Multi- Racial</p> <p><input type="checkbox"/> White</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Not Hispanic/Latino</p>	<p>Family:</p> <p><input type="checkbox"/> 2 Birth/Adoptive Parents</p> <p><input type="checkbox"/> Step and Birth Parent</p> <p><input type="checkbox"/> Single Parent Female</p> <p><input type="checkbox"/> Single Parent Male</p> <p><input type="checkbox"/> Grandparent</p> <p><input type="checkbox"/> Relative/Guardian</p> <p><input type="checkbox"/> DCF</p> <p><input type="checkbox"/> Foster Parent</p> <p><input type="checkbox"/> On Own</p> <p><input type="checkbox"/> Joint Custody</p> <p><input type="checkbox"/> Other</p>	<p>Free Reduced Lunch:</p> <p><input type="checkbox"/> Receives Free/Reduced Lunch</p> <p><input type="checkbox"/> Eligible for Free/Reduced Lunch</p> <p><input type="checkbox"/> Not Eligible</p>
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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

Emergency Contact 1: _____ **Relationship:** _____ **Phone:** _____
Emergency Contact 2: _____ **Relationship:** _____ **Phone:** _____

Is there anyone NOT allowed to pick up your child from our program? _____

Are there any specific medical conditions/allergies that may affect your child's participation? not applicable

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 Clinton, 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 Clinton does not provide accident or health insurance.

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