

**South Windsor Youth and Police Program
Parental Permission Form**

**Ice Skating Trip
Friday, February 19, 2010
10:45-1:15
At the South Windsor Arena**

I give my daughter/son permission to participate in this activity, provided by South Windsor Police Services and South Windsor Youth and Family Services.

Child's name: _____ **D.O.B.:** _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

SOUTH WINDSOR YOUTH & POLICE PROGRAM

Please provide the following information for State of Connecticut grant reporting purposes.

Contact Joann Moriarty at 648-6361 x 331 if you have questions.

Thank you!

1. **Name:** _____
(PLEASE PRINT CLEARLY)

2. **Address:** _____

3. **Date:** _____

3. Gender:

- Male
- Female

4. Family Setting:

- Birth Parent (s)
- Birth Parent and Step Parent
- Birth Parent and Partner
- Single Parent (female)
- Single Parent (male)
- Grandparent (s)
- Relative / Guardian
- Adoptive Parent (s)
- Foster Parent (s)
- DCF Guardianship
- On own

7. Ethnicity:

- Caucasian / White
- African American / Black
- Hispanic / Latino
- Multiracial
- Asian
- Native American
- Other

8. Referring Organization:

- Parent / Guardian
- Self
- School
- Police
- Superior Court
- Social Service Agency
- Juvenile Review Board
- DCF
- Other

5. **Age:** _____ **Date of Birth:** _____

6. **School:** _____ **Grade:** _____