



MY PRIDE

2020-2021

Who:

Mansfield Youth Pride (MY Pride) is open to Mansfield residents in grades 5-8 who are part of the **LGBTQIA+ rainbow** (and allies are welcome too).

What:

MY Pride emphasizes self-empowerment, positive youth development, and building strong peer and community connections to validate and celebrate our diverse identities. Group members are encouraged to brainstorm and choose from a wide variety of activities and discussion topics that are most meaningful to them.

When and Where:

Group meets online on the 1st and 3rd Wednesdays of the month (*except school vacation days) from 3:30 pm until 4:15pm at

<https://www.gotomeet.me/MansfieldYSBKatie/MYPride>

Meeting room password will be emailed upon receiving registration.

We will continue to assess our ability to safely resume in-person group programs.

How to Join:

Have your parent or guardian complete the included registration form and return it to

YSB@mansfieldct.org

Contact Information:

For any questions, concerns, or for additional resources for supporting LGBTQIA+ youth, please contact Mansfield Youth Services Supervisor:

Katie Bell (she/her/hers) at: (860) 429-3319 or BellKJ@MansfieldCT.org

2020-2021 Dates:

October 7 & 21	March 3 & 17
November 4 & 18	*April 7
December 2 & 16	May 5 & 19
January 6 & 20	June 2 & 16
February 3 & 17	



Youth's Name: _____ Date of Birth: _____ Shirt Size: _____

Address: _____ Town: _____ Zip Code: _____

Gender: _____ Age: _____ Grade: _____ *Reminders will be sent via email prior to each group.*

Youth's Pronouns: she/her/hers he/him/his they/them/theirs Other: _____

Guardian #1 Name: _____ Guardian #1 Relationship to Youth: _____

Guardian #1 Phone Number: _____ Guardian #1 Email Address: _____

Guardian #2 Name: _____ Guardian #2 Relationship to Youth: _____

Guardian #2 Phone Number: _____ Guardian #2 Email Address: _____

Please list any medical concerns/allergies that your child has: _____

Demographic Information (Please mark one under each heading)		
<p><u>Race:</u></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"/> Multiracial</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other (_____)</p> <p><u>Ethnicity:</u></p> <p><input type="checkbox"/> Hispanic/Latinx</p> <p><input type="checkbox"/> Not Hispanic/Latinx</p>	<p><u>Family Structure:</u></p> <p><input type="checkbox"/> 2 Birth/Adoptive Parents</p> <p><input type="checkbox"/> Step & Birth Parent</p> <p><input type="checkbox"/> Single Parent (Female)</p> <p><input type="checkbox"/> Single Parent (Male)</p> <p><input type="checkbox"/> Grandparent(s)</p> <p><input type="checkbox"/> Relative/Guardian</p> <p><input type="checkbox"/> Foster Parent</p> <p><input type="checkbox"/> DCF</p> <p><input type="checkbox"/> Joint Custody</p> <p><input type="checkbox"/> Emancipated/On Own</p> <p><input type="checkbox"/> Other (_____)</p>	<p><u>Free/Reduced Lunch:</u></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> <p>Note: We provide certain demographic information from this form to our funding state agency for statistical and research purposes.</p>

Please check box if you do NOT give permission for Mansfield Youth Services to photograph or videotape your child. Photos/videos of MY Pride participants may be chosen to help others learn more about Youth Services programs. If you would like more information before granting permission please contact Youth Services.

Please check box if your child does NOT have permission to fill out anonymous surveys.

Please check box if Mansfield Youth Services does NOT have permission to communicate with Mansfield Middle School staff regarding your child's participation in MY Pride.

I, the undersigned, give permission for my child to participate in MY Pride during the 2020-2021 school year.

Parent/Guardian Signature: _____ Date: _____