



Hello 5th Graders!

**ARE YOU LOOKING FOR A FUN PLACE TO HANG
OUT DURING A OR B LUNCH?
DO YOU ENJOY PLAYING GAMES AND DOING
ACTIVITIES WHERE YOU CAN MEET OTHER 5TH
GRADE STUDENTS?**

**Join Mansfield Youth Services staff and
interns on Thursdays during A or B lunch for
5th Grade Lunch "Check-in" Group!
Have an adult complete the attached
permission slip and return it to Mrs. Sydie in
the Back Office, or to the mailbox outside
Room 207A.**

**Don't forget to sign up each Thursday to join us for
lunch, space is limited!!!**

**HAVE QUESTIONS? ASK AN ADULT TO CONTACT
ROBIN KRAEMER AT
YSB@MANSFIELDCT.ORG**

5th Grade Lunch "Check-In" Group 2023-2024



Youth's Name: _____ Date of Birth: _____

Address: _____ Town: _____ Zip Code: _____

Gender: _____ Age: _____ Grade: _____

Youth's Pronouns (select one): 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>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"/> Multiracial</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other (_____)</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic/Latinx</p> <p><input type="checkbox"/> Not Hispanic/Latinx</p>	<p>Family Structure:</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>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> <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 X-Block 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 what your child shares in X-Block groups. Mansfield Youth Services retains permission to communicate with Mansfield Middle School staff regarding attendance to ensure your child is accounted for during the school day and in matters of mandated reporting or safety concerns.

I, the undersigned, give permission for my child to participate in X-Block "Check-ins" during the 2023-2024 school year.

Parent/Guardian Signature: _____ Date: _____

For questions regarding X-Block "Check-ins", please contact:

Robin Kraemer, Youth Services Social Worker at: (860) 429-3318 or KraemerR@MansfieldCT.org