

Big Friends



**MANSFIELD
YOUTH SERVICES**



What is Big Friends?

Big Friends is a mentoring program offered through the partnership between Mansfield Youth Services and UConn's Office of Community Outreach. UConn students join Youth Services staff and Mansfield youth each week to participate in group and individual games, arts and crafts activities, and more! Our focus this School year will be on relationship building and social skills. Big Friends is offered to twenty-four (24) Mansfield Middle School students (12 each semester) who are interested in having a college mentor. We ask that participants be able to attend at least 6 out of 8 meeting days.

When and where does Big Friends meet?

Big Friends meets weekly during the academic year with the exception of school closings, half-days, and UConn breaks. Big Friends is held at Mansfield Middle School on Tuesdays during afterschool programming time (2:50-4:10pm).

****Members of Big Friends are able to take the afterschool buses home with no additional registration.****

Our fall calendar is on the back for your convenience.

How do I sign up?

We're glad you asked! Big Friends registration forms are available through Mansfield Youth Services at your request. Registration forms can be completed and submitted to Mansfield Youth Services directly or to

Mrs. Sydie in the MMS Back Office by:

Tuesday, September 24!

We look forward to a great year of building new relationships and exciting activities!!!

For questions regarding Big Friends, please contact Youth Services:

(860) 429-3392 or YSB@mansfieldct.org

Quick Reminders:

****Meets at MMS afterschool 2:50-4:10pm.****

****Members may take the afterschool buses home.****

Meeting Dates:

October 1

October 8

October 15 - No Big Friends (No School)

October 22

October 29

November 5 - No Big Friends (No School)

November 12

November 19

November 26 - No Big Friends (1/2 day)

December 3 - Last Day

Big Friends 2024-2025 Registration Form

Jocelyn Santiago
Early Childhood
(860)-429-3338



MANSFIELD
YOUTH SERVICES

YSB@MansfieldCT.org

Kelly McKenney, LMSW
Youth Services Social Worker
(860) 429-3392

Youth's Name: _____ Date of Birth: _____ Age: _____ Gender: _____
Address: _____ Town: _____ Zip code: _____
Grade: _____ T-shirt size (select one): Adult S M L XL Youth S M L XL
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: _____

Youth's Name: _____ Date of Birth: _____ Age: _____ Gender: _____
Address: _____ Town: _____ Zip code: _____
Grade: _____ T-shirt size (select one): Adult S M L XL Youth S M L XL
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: _____

Youth's Name: _____ Date of Birth: _____ Age: _____ Gender: _____
Address: _____ Town: _____ Zip code: _____
Grade: _____ T-shirt size (select one): Adult S M L XL Youth S M L XL
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: _____

Please see reverse side.

Big Friends 2024-2025

Transportation

Big Friends members are able to take the afterschool buses home.

My child(ren) will be:

- taking the after school bus home.
- getting picked up by a parent or guardian named on the front of this registration form.
- getting picked up by another trusted driver: _____ (Name of driver)
- other: _____

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>
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- Please check box if you do *NOT* give permission for Mansfield Youth Services to photograph or videotape your child(ren) during the Big Friends Program. Photos/videos of Big Friends participants may be used to help others learn more about Youth Services programs. Please contact us with any questions regarding photo/video usage.
- Please check box if your child(ren) do *NOT* have permission to fill out anonymous Youth Services surveys. Surveys are used at the end of the program to assess areas of successes and growth.
- Please check box if Mansfield Youth Services does *NOT* have permission to communicate with Mansfield Middle School staff regarding what your child(ren) shares during Big Friends. Mansfield Youth Services retains permission to communicate with Mansfield Middle School staff regarding attendance to ensure your child is accounted for while on school grounds and in matters of mandated reporting or safety concerns.

****For your convenience, a program reminder will be sent via email before each scheduled meeting day in addition to a school announcement on each day of Big Friends.****

I, the undersigned, give permission for my child(ren) to participate in Big Friends at Mansfield Middle School during the 2024-2025 school year.

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

Please contact the Youth Services Bureau with any questions or concerns at:

Phone: (860) 429-3392 Email: YSB@mansfieldct.org