

PAWS at Mansfield Elementary School



***** 2024-2025 School Year *****



Dear Families,

PAWS, formerly known as COPE, is an in-school, mentoring program run by Mansfield Youth Services that has supported youth in our community for many years! ***This program is open to 1st and 2nd grade only.***

PAWS pairs UConn students as positive role models for youth mentees throughout the UConn academic semester. PAWS meets once per week during the regularly scheduled recess times so no academic time is missed.

The goals of the PAWS Program are to:

- **Connect** your child with a positive role model to build a relationship with.
- **Offer** your child the opportunity to meet other students and build new friendships.
- **Provide** a supportive environment where your child will enjoy engaging with their mentor and other PAWS members in planned, creative, and fun activities.
- **Encourage** your child to share their feelings and experiences with their mentor.

If you're interested in having your child participate in PAWS, please complete the attached form and "What I Want My Mentor to Know about Me" template.

Priority Deadline:
Tuesday, September 17th



All completed enrollment forms can be submitted to the MES Main Office.

Please Note: Space in PAWS is limited. Students may be put on a waitlist if enrollment exceeds space available.

If you would like more information about PAWS, please contact Mansfield Youth Services:

Kelly McKenney, LMSW Phone: (860) 429-3392; email: McKenneyKL@mansfieldct.org

Jocelyn Santiago Phone: (860) 429-3338; email: SantiagoJ@mansfieldct.org

Mansfield Elementary School

Fall 2024 Schedule

Mondays at Recess

1st and 2nd Grade Students

September 30th

October 7th

October 14th - NO PAWS

October 21st

October 28th

November 4th

November 11th - NO PAWS

November 18th

November 25th - NO PAWS

December 2nd - LAST DAY

Our spring schedule will be sent in the New Year!



Jocelyn Santiago Early Childhood Services
Coordinator (860) 429-3338
SantiagoJ@mansfieldct.org

Kelly McKenney, LMSW Youth Services
Social Worker (860) 429-3392
MckenneyKL@mansfieldct.org



MANSFIELD
YOUTH SERVICES

PAWS Permission Slip—2024-25

Youth's Name: _____ Date of Birth: _____ Age: _____ Gender: _____

Address: _____ Town: _____ Zip code: _____

Grade: _____ T-shirt size (check one): Adult: S M L XL Youth: S M L XL

My child's pronouns are (check 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 state funding agency for statistical and research purposes.</p>
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1. What would help us better get to know your child? _____

2. What are your child's strengths? _____

3. What does your child enjoy doing? _____

4. Do you have any concerns or additional information that may help us best support your child? _____

Please check box if you do NOT give permission for Mansfield Youth Services to photograph or videotape your child. Photos/videos of COPE 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. Survey data is used to help make improvements to COPE.

I, the undersigned, give permission for my child to participate in COPE. I also give permission for Youth Services staff to communicate and collaborate with the Mansfield Public School System in order to provide the best services to my child. If there is any information that I wish to remain confidential from the school system, I understand that I may inform Youth Services staff.

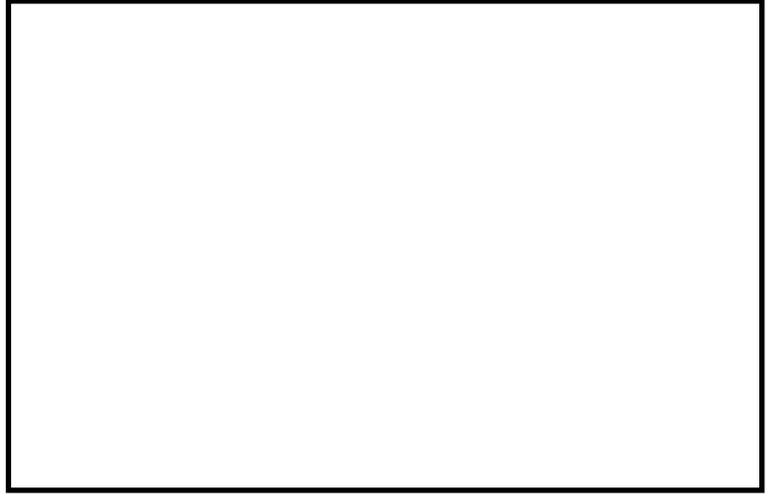
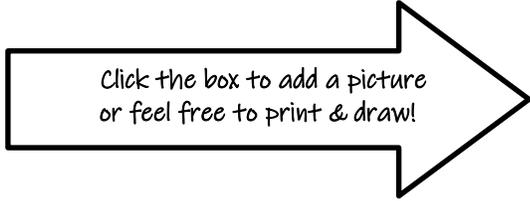
Parent/Guardian Signature: _____ **Date:** _____

What I Want My Mentor To Know About Me

PAWS 2024-2025

My name is: _____ I like to be called: _____

My pronouns are (check one): she/her/hers he/him/his they/them/theirs Other: _____



My favorite colors are: _____

My favorite foods and snacks are: _____

What I like about school: _____

What I dislike about school: _____

In my free time, I like to: _____

I feel happy when: _____

I feel sad when: _____

I feel angry when: _____

I feel worried or scared when: _____

I live with: _____

I feel most comfortable talking to: _____

3 words to describe me are: _____

I want a mentor because: _____

Please write any other information you'd like your mentor to know here: _____