

Tiger Strong! Fall 2024 Schedule

Quick Reminders:

****Program is held AFTER SCHOOL****

****Children will be BUSSED to Mansfield Senior Center from MES****

**** Pick Up is at 4:45 PM at the Main Entrance of the Mansfield Senior Center****

Meeting Dates:

October 9

October 16

October 23

October 30

November 6

November 13

November 20

November 27 - No Tiger Strong (Half-Day)

December 4

December 11

December 18 - Last Day of Fall Program

Our spring schedule will be sent in the new year!

Jocelyn Santiago
Early Childhood
Services Coordinator
(860) 429-3338

SantiagoJ@mansfieldct.org



Team Email
YSB@mansfieldct.org

Tiger Strong! 2024-2025 Registration Form

Jocelyn Santiago

Early Childhood Services Coordinator

(860)-429-3338



MANSFIELD
YOUTH SERVICES

Team Email

YSB@MansfieldCT.org

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

Tiger Strong! 2024-2025

Transportation

My child(ren) will be:

_____ getting picked up at the Mansfield Senior Center by a parent or guardian named on the front of this registration form.

_____ getting picked up at the Mansfield Senior Center by another trusted driver:

_____ (Name of driver)

Demographic Information (Please mark one under each heading)

Race:

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Multiracial
- White
- Other (_____)

Ethnicity:

- Hispanic/Latinx
- Not Hispanic/Latinx

Family Structure:

- 2 Birth/Adoptive Parents
- Step & Birth Parent
- Single Parent (Female)
- Single Parent (Male)
- Grandparent(s)
- Relative/Guardian
- Foster Parent
- DCF
- Joint Custody
- Emancipated/On Own
- Other (_____)

Free/Reduced Lunch:

- Receives Free/Reduced Lunch
- Eligible for Free/Reduced Lunch
- Not Eligible

Note: We provide certain demographic information from this form to our funding state agency for statistical and research purposes.

- Please check box if you do *NOT* give permission for Mansfield Youth Services to photograph or videotape your child(ren) during the Tiger Strong! Program. Photos/videos of Tiger Strong! 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 Elementary School staff regarding what your child(ren) shares during Tiger Strong! Mansfield Youth Services retains permission to communicate with Mansfield Elementary School staff regarding attendance to ensure your child is accounted for while on school grounds and in matters of mandated reporting or safety concerns.

I, the undersigned, give permission for my child(ren) to participate in Tiger Strong! at Mansfield Elementary 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) 429-3338 Email: YSB@mansfieldct.org