

MANSFIELD YOUTH SERVICES

Teen Events

*All events are free and are open to Mansfield Middle School youth!

Registration required: Visit our Mansfield Youth Services Eventbrite page!

<https://mansfielddyouthservices.eventbrite.com>

**OCT.
11**

PUMPKIN CARVING, CARAMEL APPLES AND ALL THINGS FALL!

Where: Teen Center at Mansfield Community
Center

Time: 3pm-5pm

AUTUMN AIR DRY CLAY BOWL

Where: Teen Center at Mansfield Community
Center

Time: 3pm-5pm

**NOV.
18**

**DEC.
20**

DIY FLEECE TIE BLANKET MAKING

Where: Teen Center at Mansfield Community
Center

Time: 3pm-5pm

Limited Spots Available!

Contact Information:
Kelly McKenney, LMSW
860-429-3392

McKenneyKL@mansfieldct.org



**MANSFIELD
YOUTH SERVICES**



2024-2025 Teen Night Events

Youth's Name: _____ Date of Birth: _____

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/Latino</p> <p><input type="checkbox"/> Not Hispanic/Latino</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 during the Teen Event. Photos/videos of 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 does **NOT** have permission to participate in anonymous surveys. These surveys are used to provide feedback to staff for program improvements.
- Please check box if Mansfield Youth Services does **NOT** have permission to communicate with Mansfield Middle School staff regarding what your child shares during Teen Night events.

I, the undersigned, give permission for my child to participate in Teen Night Events for 2024-2025 year.

Parent/Guardian Signature: _____ *Date:* _____

Transportation Information
<p>My child will be:</p> <p><input type="checkbox"/> taking the bus from MMS to MCC for the event. There will be no bus home from the event!</p> <p><input type="checkbox"/> getting picked up by a parent or guardian named on this registration form.</p> <p><input type="checkbox"/> getting picked up by another trusted driver: _____ (Name of driver)</p> <p><input type="checkbox"/> other: _____</p>