

PERMISSION / LIABILITY

I am aware that my son / daughter, _____, has signed up to participate in the Montville Youth Service Bureau Hire-A-Teen program. I understand that my child has expressed interest in the following types of jobs, and this meets with my approval:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Baby Sitting | <input type="checkbox"/> Snow Shoveling | <input type="checkbox"/> Yard Work |
| <input type="checkbox"/> Elderly Help | <input type="checkbox"/> House Cleaning | |
| <input type="checkbox"/> Mother's Helper | <input type="checkbox"/> Pet Sitting | |

I understand that because Hire-A-Teen is a Montville run program, my son's / daughter's name will be given out to prospective employers in Montville. I otherwise hereby authorize Hire-A-Teen to furnish my son's / daughter's name and telephone number to prospective employers only in the following towns:

- | | | |
|--------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Bozrah | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Montville |
| <input type="checkbox"/> New London | <input type="checkbox"/> Norwich | <input type="checkbox"/> Salem |
| <input type="checkbox"/> Quaker Hill | <input type="checkbox"/> Waterford | |

I realize the Montville Youth Service Bureau is providing referrals and is not liable for account or injury that occurs on the job. I understand that Montville Youth Service Bureau does not personally screen employers and final decision regarding my child's employment rests with me. I understand that I can contact the Montville Youth Service Bureau to verify employer's use of Hire-A-Teen. I further understand that the employer had full responsibility for payment and conditions of employment.

Parent / Guardian Signature

Date



Montville Youth Service Bureau

289 Route 32
Uncasville, CT 06382
Office (860) 848-7724
Fax (860) 848-4058
www.montvilleyouth.org

Montville Youth Service Bureau is required by the Connecticut State Department of Education to report statistical data of participants in our programs. Your child/children name(s) will not be released, or publicized in any way. This required information is for state funding purposes only. The state receives numerical information **only**.

Please answer the following questions and return with your registration paperwork.

D.O.B.: _____
Program: **HIRE-A-TEEN**

RACE/ETHNICITY

(Please check one)

- Caucasian/White
- African American
- Hispanic/Latino
- Asian
- Native American
- Multiracial
- Other

FAMILY CONSTELLATION

(Please check one)

- Two Parent
- Joint Custody
- Step & Birth Parent
- Single Parent (Female)
- Single Parent (Male)
- Grandparents
- Relative/Guardian
- DCF Guardianship
- Foster Parent(s)
- On Own

If you have any questions or concerns, please feel free to contact the office at 860-848-7724.

Sincerely,

Handwritten signature of Barbara A. Lockhart in blue ink.

Barbara A. Lockhart, B.A. M.S.
Director of Youth Services
Municipal Agent for Children

Handwritten signature of Kimberly Grant in blue ink.

Kimberly Grant, B.A.
Program Developer

