



2018 Order of Manitoba Recipient

646 Portage Ave Ph: 204 774 – 0451 wbyokidz@gmail.com www.westbroadwayouthoutreach.com

February 2021 Permission Slip



Please use a second permission slip if you are registering more than 4 children

CHILD 1

Child First Name:	Child Last Name:	Child Birth Date (MM/DD/YYYY):
Child Medical No. (9 Digits):	Allergies/Health Concerns:	Home Address:
Current School:	Please Circle: M / F / Other	
Parent First and Last Name: Parent Ph. Number: Parent Email:		
Emergency Contact Name and Ph. Number:		

CHILD 2

Child First Name:	Child Last Name:	Child Birth Date (MM/DD/YYYY):
Child Medical No. (9 Digits):	Allergies/Health concerns:	Home Address (if Different From Above):
Current School:	Please Circle: M / F / Other	

CHILD 3

Child First Name:	Child Last Name:	Child Birth Date (MM/DD/YYYY):
Child Medical No. (9 Digits):	Allergies/Health concerns:	Home Address (if Different From Above):
Current School:	Please Circle: M / F / Other	

CHILD 4

Child First Name:	Child Last Name:	Child Birth Date (MM/DD/YYYY):
Child Medical No. (9 Digits):	Allergies/Health concerns:	Home Address (if Different From Above):
Current School:	Please Circle: M / F / Other	

If parent contact or emergency contact is different for each child, please specify here:

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****Permission Slip Deadline: February 5th, 2021 – 8:30pm****

I give my permission for West Broadway Youth Outreach Inc. to use for such purposes as they may see fit in connection with educational programs, fundraising campaigns and advertising, the photographs and/or films, and/or recordings of my child/ren, for reproduction in newspapers, magazines, posters, sketches, line drawings, movies, slides on radio and television, and all other media forms. I waive interest or right of payment for same. I am donating the photographs and or/films and/or recordings to West Broadway Youth Outreach Inc. in consideration of and as an implied contribution to the community's best interest.



Yes___/ No___ Parent/ Guardian's Signature:

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***FEBRUARY IS ALSO HOMEWORK CLUB MONTH! BRING A FRIEND!
MORE FRIENDS MEANS MORE LIKELY TO WIN! THE \$200!!!!!! PRIZE!***



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Please Email or Phone for a pickup time!!

**Program WBYO Care Pack pick-ups are
January 25th, January 26th, January 27th, January 28th, and January 29th from 10am to 6pm**

WBYO Care Packs	Description	Yes / No	Family Members
2021 New Year's Care Pack	Hand Sanitizer Masks, And More	Y / N	Adults _____ Kids _____
Yum Yum Club Pack	All the Ingredients Needed for February and March for Yum Yum Club Cooking	Y / N	Adults _____ Kids _____
Family Movie Night Pack	Popcorn, Drinks, Treats, And More	Y / N	Adults _____ Kids _____
Jam Session Pack	Musical Instruments, And More	Y / N	Adults _____ Kids _____
Yoga Party Pack	Yoga Mats, Logbook, Writing Utensils, And More	Y / N	Adults _____ Kids _____
Pen Pals Pack	Writing Utensils, Paper, Snacks, And More	Y / N	Adults _____ Kids _____
Homework Club Pack	Laptops, Workbooks, Writing Utensils, Paper, And More	Y / N	Adults _____ Kids _____
Arts & Crafts Pack	Glue, Paper, Brushes, And More	Y / N	Adults _____ Kids _____
Boy's & Girl's World Pack	Backpacks, Paint, Paintbrushes, And More	Y / N	Adults _____ Kids _____
Bookworms Pack	Books And More	Y / N	Adults _____ Kids _____
Bookjam Pack	Books And More	Y / N	Adults _____ Kids _____
J/A Book Club Pack	Books And More	Y / N	Adults _____ Kids _____

We will no longer offer WBYO Care Packs to families who do not make use of the packs they have requested.



Yes___/ No___ Parent/ Guardian's Signature: