



2018 Order of Manitoba Recipient

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

January 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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February Yum Yum Club FREE grocery pickup	12:00pm to 6:00pm on January 25, January 26, January 27, January 28 and January 29 by appointment only!	Y / N
Arts & Crafts pickup	12:00pm to 6:00pm Monday - Friday by appointment only!	Y / N
Boy's World/Girl's World Backpack pickup	12:00pm to 6:00pm Monday - Friday by appointment only!	Y / N

****Permission Slip Deadline: January 8th, 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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***JANUARY IS HOMEWORK CLUB MONTH! BRING A FRIEND!
MORE FRIENDS MEANS MORE LIKELY TO WIN! THE \$200!!!!!! PRIZE!***