

# STEP 1: Register

## Healthy Héroes in Central Falls Registration/Permission Slip

Parent(s) or guardian(s), your child needs your permission to start the Healthy Héroes mission. Please fill out the information below and have your child bring it to their school's main office by Oct. 12 for Ella Risk students or Oct. 13 for Veterans Memorial students. You can also download this form at [RIHealthyHeroes.com](http://RIHealthyHeroes.com) and email it to us at [HealthyHeroes@tufts-health.com](mailto:HealthyHeroes@tufts-health.com). We will use this information in case there is an emergency during the program and to communicate with you about the program.

**Student name** \_\_\_\_\_ **DOB** \_\_\_\_\_  
**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

The student listed above has my permission to participate in the Healthy Héroes after-school program.

**Parent/guardian** (signature) \_\_\_\_\_  
**Parent/guardian name** (print) \_\_\_\_\_  
**Address** \_\_\_\_\_

**Email address** \_\_\_\_\_  
**Best phone number** \_\_\_\_\_

- Preferred language** (check box)
- English
  - Spanish
  - Portuguese
  - Cape Verdean Creole
  - Other \_\_\_\_\_

**Please return the registration form by Oct. 12 for Ella Risk students or Oct. 13 for Veterans Memorial students so your child can join in the fun — and earn prizes!**

