

# 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!**



# STEP 2: Help us help you

## Healthy Héroes in Central Falls

Survey (optional)

Our mission is to support your family and help all of you live healthier lives. But we need your help. Please take a few moments to answer some questions that will help us understand your needs.

*Please circle your answers.*

- 1. How much soda or juice does your child drink each day?**
  - a. None
  - b. 1 cup (8 oz.)
  - c. 1-2 cups
  - d. 3 or more cups
- 2. How often does your child eat fruits and vegetables?**
  - a. At each meal
  - b. Once a day
  - c. A few times a week
  - d. Less than a few times per week
- 3. On average, how many minutes a day does your child participate in physical activity?**
  - a. 0-30 minutes
  - b. 31-60 minutes
  - c. 60 minutes or more
- 4. How often does your child eat in front of a screen (i.e., a TV, phone, tablet, etc.)?**
  - a. Never
  - b. Sometimes
  - c. Usually
  - d. Always
- 5. When was the last time your child visited their primary care physician for a well visit (annual check-up)?**
  - a. Within the last six months
  - b. In the past six months to one year
  - c. More than one year ago