

MEAN TEENS

Calling All Girls in 5th, 6th, 7th & 8th Grade

- Have you ever been bullied?
- Have you seen someone being bullied?
- Have you been a bully?



In this bully awareness and prevention program, girls will learn how to recognize and react to bullies in their everyday lives. Special emphasis will be placed on cyber-bullying through an interactive DVD. When dealing with bullies, doing nothing is not an option!

When: Thursday, May 20th

Where: Byram Intermediate School, All Purpose Room

Time: 3:00pm – 4:30pm

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Please return permission slip (on back) with payment to the front office by May 17, 2010.

Checks payable to: GSNNJ

Number of Registered Girl Participants _____ @ \$5.00 = _____ *If already a member of Girl Scouts*

Number of Non-registered Participants _____ @ \$12.00 = _____ *If not currently a member*

Total Amount Due: \$ _____



Girl Scouts of Northern New Jersey

Sponsored by Girl Scouts of Northern New Jersey. Questions please contact Lissette Tufaro at (973) 927-7722 ext. 21 or ltufaro@gsnnj.org

Sensitive Issues

Girl Scouts of Northern New Jersey is planning to present a program with sensitive issues many girls are faced with today. In this program we will discuss bullying, cyber-bullying and will talk about suicide as not being an option to a solution to their problems, and other self esteem issues facing girls today.

By obtaining your permission to discuss these topics with your daughter or for your daughter to participate in a sensitive issue program you will be allowing a healthy interaction that will hopefully allow your daughter to gain the confidence needed to come to you, the parent, for your influence and guidance or another caring adult. The council staff member's part in these discussions is a caring adult who can help girls acquire their own skills and knowledge in a supportive atmosphere.

**Please return the permission slip below with payment to the front office
by Monday, May 17th.**

Name of Participant: _____ Grade: _____

Address: _____ Phone #: _____

My daughter/ward has permission to participate in the MEAN TEENS program on May 20th. During the activity, I may be reached at: Address: _____ Phone: _____.

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf.

Name: _____ Phone Number: _____

Relationship to participant: _____ Address: _____

I consent that my daughter/ward may be photographed, videotaped, and/or recorded and the images/recordings may be made public in newspapers, TV, radio, Internet or other media. Yes No

I understand that payment includes program and membership fee.

My daughter/ward _____ has my permission to participate in Sensitive Issue discussions and/or program.

Signature of Parent/Guardian: _____ Date: _____

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