

REACH COMMUNITY & YOUTH AGENCY, INC.

525 HALF HOLLOW ROAD, DIX HILLS, NY 11746

631-549-9417 FAX 631-549-1272 EMAIL: info@reachcya.org

**➤➤➤ PLEASE CALL REACH CYA (631-549-9417) TO RESERVE A SEAT
BRING THIS FORM WITH YOU TO FIRST SESSION**

REACH Community & Youth Agency Program Permission Form
-must be completed by parent/guardian for youth to attend program-

(Please print)

Youth Name: _____ Phone: _____

Address: _____

Grade: _____ School: _____ Date of Birth: _____

Parent/Guardian name: _____ Alt. Phone: _____

Emergency Contact Name _____ Phone: _____

I give my permission for _____ to participate in the following program:

BABYSITTER TRAINING

4 weeks - Mondays, January 14th, 28th, February 4th & 11th 2019
2:45-3:30pm at **Commack Middle School, Room E-9**

I understand:

- ❖ The program will be supervised by REACH CYA Staff.
- ❖ REACH CYA does not provide any health/hospitalization insurance for my child.

Signed: _____

Date: _____

Parent/Guardian Signature