

REACH COMMUNITY & YOUTH AGENCY, INC.

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**PLEASE CALL REACH CYA 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 – Tuesdays

March 7th, 14th, 21st and 28th, 2017

2:45-3:30pm at Commack Middle School, in Room E-9

I understand:

- ❖ The program will be supervised by REACH CYA.
- ❖ REACH CYA does not provide any health/hospitalization insurance for my child.
- ❖ I give (do not give) permission for REACH CYA to use trip and activity photos of my child in newspapers and other publications.

Signed: _____

Parent/Guardian Signature

Date: _____