

**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, October 15, 22 & 29<sup>th</sup> & November 5<sup>th</sup> 2018

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*