



The Town of Smithtown
Youth Bureau
in conjunction with
Great Hollow Middle School
Announces



Babysitting Skills Workshops

EARN A CERTIFICATE FROM THE TOWN OF SMITHTOWN AND LEARN ABOUT:

**Safety, First Aid, Child Development, Nutrition, Entertaining Children,
and the Business of Babysitting**

Where: Faculty Room

When: 4 weeks - Thursdays - 3/5, 3/12, 3/19, and 3/20/26

Time 2:45 pm – 3:45 p.m.

Who: Open to all Boys and Girls

Presented by: Janine Marc-Anthony, Town of Smithtown

***Enrollment is limited to 12 students, first come, first served.
Interested students must commit to attend all four sessions.***

Please complete photo release form and permission slip below no later than February 27, 2026.

I hereby give my son/daughter _____ permission to participate in the Town of Smithtown “Babysitting Workshops” presented at Great Hollow Middle School beginning on Thursday, March 5, 2026.

Parent signature _____

Home Phone number _____

Parent Cell number _____

Student Cell number _____

Parent email address _____



Town of Smithtown Youth Bureau



Photo Release

In the course of Town of Smithtown Youth Bureau programs, we will from time to time take photos of or ask for submitted pictures/videos from participants for use in publications or on our website and/or social media. In addition, we sometimes get media coverage with request to photograph or film students participating in one or more activities. By signing this form you are granting photo consent.

I hereby authorize the Town of Smithtown Youth Bureau to use my and my children's likeness and/or voice in photos, videos, or other digital reproductions in the context of activities associated with this program. I hereby assign all rights to the photographs/films/videotapes and sound recordings made of my child or myself, and I authorize the reproduction, copyright, broadcast, and/or distribution of said material for use in Town of Smithtown publications and/or on their website and/or social media.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Participant/Student's Printed Name) _____

(Participant/Student's Signature) _____

***If the person signing is under 18, there must be consent by a parent/guardian, as follows:**

I hereby certify that I am the parent or guardian of _____,
Named above, and do hereby give consent on behalf of this person.

(Parent/Guardian's signature) _____

(Parent/Guardian's Printed Name) _____

(Date) _____

