

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

Announces

**Study Skills Workshops**



**Learn:**

- how to set personal goals
- note taking techniques
- strategies for becoming a more successful student
- time management
- organizational skills
- test taking strategies

**Where:** Main Library

**When:** 1 day – Thursday: January 22, 2026

**Time:** 2:45 pm – 3:45 pm

**Who:** Open to all Boys and Girls

**Presented by:** Janine Marc-Anthony, Town of Smithtown

*Enrollment is limited to 20 students, first come, first served.*

**Please complete enrollment form and permission slip below no later than Wednesday, January 21, 2026.**

I hereby give my son/daughter \_\_\_\_\_ permission to participate in the Town of Smithtown “Study Skills Workshop” presented at Great Hollow Middle School on Thursday, January 22, 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) \_\_\_\_\_

