



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

I WANT YOU TO PROTECT ME

DARKNESS TO LIGHT® STEWARDS OF CHILDREN™ CHILD SEXUAL ABUSE PROTECTION TRAINING

Throughout the year, we work with church groups, neighborhood organizations, businesses, and non-profits in our community to train their staff. We are happy to work with you in scheduling the best dates and times that meet your group's needs. To register your for this important training, please contact one of the following certified trainers at the Y:

Matt Falcon,
mfalcon@ymcabr.org or
924-3606

Rebecca Decoteau,
rdecoteau@ymcabr.org or
767-9622

Billie Babin,
bbabin@ymcabr.org or
767-9622

Jessica Huckaby,
jhuckaby@ymcabr.org or
687-1123



DARKNESS TO LIGHT® STEWARDS OF CHILDREN™ TRAINING REGISTRATION FORM

Darkness to Light® Stewards of Children™ is a revolutionary sexual abuse prevention training program that educates adults to prevent, recognize and react responsibly to child sexual abuse. **The program believes and teaches that child safety is an adult's job.** Stewards of Children™ is designed for organizations that serve children and youth.

The **Stewards of Children™** program offers training on the 7 Steps for Protecting Children from sexual abuse. In addition to prevention training for individuals, the full program package includes tools for organizations that facilitate the development of policies and procedures for sexual abuse prevention. **For more information, visit ymcabr.org/protect.**

Training classes will be held at the YMCA. Participants are expected to attend the training in its entirety.

Space is limited. Register Now! To reserve your space, please complete the attached form and **register at the Y location where you wish to participate.**

Registration is \$5 to cover the cost of training materials.

You can't afford to ignore sexual abuse. Protect their only childhood.

Please complete the form and return it to the Y location where you wish to participate.

Name: _____

Agency/Business: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

**Please make checks payable to the YMCA of the Capital Area.
ymcabr.org/protect**