



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LEARN GROW LEAD

Child and Babysitting Safety Class C.B. PENNINGTON, JR. YMCA

Do you want to learn how to take care of children while babysitting? In this class you will learn how to take care of children safely, learn caregiver techniques, and learn leadership skills! After successful completion of the class the participant will receive a Child and Babysitting Safety certification card. This class is taught by an American Safety Health and Institute certified instructor.

WHEN: The 3rd Saturday of each month
TIME: 9am-3pm
COST: \$40 Members, \$55 Program Participants
LOCATION: C.B. PENNINGTON, JR. YMCA
15550 Old Hammond Hwy
Baton Rouge, LA 70816
(225) 272-9622
skelley@ymcabr.org
www.ymcabr.org





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Child and Babysitting Safety Certification Class

\$40 Members, \$55 Program Participants

Note: Participant must be a member to receive member rate.

Participant's Name: _____ Age: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Home#: _____

E-Mail (REQUIRED): _____

Emergency Contact: _____ Phone: _____

No registration will be accepted without an e-mail address.

- This class is for ages 9 & up.

Check a Session:

- | | |
|--|---|
| <input type="checkbox"/> January 19th | <input type="checkbox"/> July 20th |
| <input type="checkbox"/> February 16th | <input type="checkbox"/> August 17th |
| <input type="checkbox"/> March 16th | <input type="checkbox"/> September 21st |
| <input type="checkbox"/> April 20th | <input type="checkbox"/> October 19th |
| <input type="checkbox"/> May 18th | <input type="checkbox"/> November 16th |
| <input type="checkbox"/> June 15th | <input type="checkbox"/> December 21st |

- Registration ends at one week before the start of the class.
- In case of low enrollment (2 or less), classes may be canceled.

Refunds are available minus a \$10 processing fee. A written request is required for all refunds. There is a \$25 charge on all returned checks. The YMCA does not provide accidental/ medical insurance for program participants. I grant the YMCA or its agent's permission to transport my child in the event of an emergency and I am unable to be contacted. I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold the YMCA harmless from any claims for damage to property or injury, which may occur through participation in any activity at the YMCA or in its programs. The YMCA reserves the right to use photographs taken of program participants and their family for marketing and publicity.

I have read and understand the above information. My child has permission to participate in this YMCA program.

Signature of Parent

Date