

KIDS UNLIMITED
- an affiliate of Chappaqua Children's Workshop

Dear Seven Bridges and Bell School Students and Parents:

Chappaqua Children's Workshop is offering a special one day Babysitter's Certification Workshop that Seven Bridges and Bell students are invited to attend. It will be held at Seven Bridges on Tuesday, November 6, 2018 (there is no school that day). Details are below.

Sincerely,

Elliot Semel, Director, After School Program
Joanne Saporta, Director, CCW/KU

Red Cross Babysitter's Certification

\$155

*SPECIAL ONE DAY SEMINAR limited to 24 students
HELD AT SEVEN BRIDGES MIDDLE SCHOOL
TUESDAY NOVEMBER 6, 2018 from 8:00 am to 3:30 pm*

*Do you want to be a trustworthy babysitter who is always in demand?
Do you want to make big money while having fun and helping others?*

This class will provide you with the knowledge and skills necessary to safely and responsibly give care for children and infants. This training will help you to develop leadership skills; learn how to develop a babysitting business, keep yourself and others safe and help children behave; and learn about basic child care and basic first aid.

Students who successfully complete the class (must attend the entire session) will receive official certification from the American Red Cross.

NOTE: This class will meet at Seven Bridges from 8am to 3:30pm. There are no regular classes that day and no school bus. Parents will need to drop off and pick up their children. The cafeteria will be closed. Please bring a bag lunch.

Meets with staff from American Red Cross.



CCW/KU After School Program Seminar held at Seven Bridges Middle School

Website: <http://ccwkids.org/info.php>

For additional information or questions relating to this program, please contact Elliot Semel at: (914)238-7203 ext. 4550 elsemel@ccsd.ws

CLASS SIZE IS LIMITED TO 24 STUDENTS..

ENROLLMENT LISTS WILL BE POSTED BY TUESDAY OCTOBER 30. NOTIFICATION IS NOT SENT HOME. NO REFUNDS CAN BE GIVEN ONCE THIS APPLICATION IS SUBMITTED UNLESS CLASS IS CANCELLED BY CCW DUE TO UNDER ENROLLMENT. A DOWNLOADED RELEASE/WAIVER FORM FROM THE BROCHURE MUST BE INCLUDED WITH YOUR APPLICATION.

Bell & 7B

REGISTRATION EXTENDED!

*Please return this form to Mr. Semel at Seven Bridges Middle School,
P.O. Box 22, Chappaqua, NY 10514 by 3 p.m. Monday, October 29, 2018.*

Student's Name _____ Grade _____ School _____

Parent's Name _____

Phone (day) _____ (eve) _____ (cell) _____

Student's Address _____

Parent email _____

Please attach a check for \$155 to the back of this form—payable to “CCW/KU”

_____ TUESDAY NOVEMBER 6th, 2018 8:00am to 3:30 pm
Red Cross Babysitting Certification \$155

Please note: This seminar will take place at Seven Bridges Middle School.
There are no regular classes that day and no school bus. Parents will need to drop off and pick up their children. The cafeteria will be closed. Please bring a bag lunch.

—Please make sure you download and attach a release/waiver form from the After School Program brochure in order to complete your enrolment. <http://ccwkids.org>—

Student Signature _____

Parent Signature _____

Chappaqua Children's Workshop
P.O. Box 918
Chappaqua, NY 10514

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, ("Participant"), acknowledge that I have voluntarily applied to participate in activities at CCW/KU.

I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____
Parent or Guardian's initials (if under 18): _____

As consideration for being permitted to participate in these activities, I forever release any CCW affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND CCW, AND SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Executed and dated on , / /20_____ .

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

Signature
Address: _____

Signature
Address: _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.