

JOIN THE SOUTHAMPTON YOUTH BUREAU FOR

Babysitters Club



Future Sitters Start Here!

**THURSDAYS FROM 4:30PM - 6:00PM
FEBRUARY 26TH - APRIL 2ND
AT THE HAMPTON BAYS COMMUNITY CENTER,
25 PONQUOGUE AVE**

SPACE IS LIMITED! REGISTRATION OPEN TO AGES 14 - 18

Become a Confident, Caring Babysitter!

Participants will learn essential child safety skills, understand the stages of child development, and plan fun, age-appropriate activities for children.

Students will also receive basic CPR and First Aid training, along with job-readiness skills and peer leadership opportunities to help build confidence, responsibility, and professionalism.

**FOR MORE INFORMATION OR TO REGISTER, PLEASE CALL (631) 702-2425
OR VISIT WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT**



BABYSITTERS CLUB REGISTRATION FORM

MAIL OR DROP OFF COMPLETED FORM TO:

**TOWN OF SOUTHAMPTON - THE BABYSITTERS CLUB, 655 FLANDERS ROAD, FLANDERS, NY 11901
OR REGISTER ONLINE AT [HTTP://WWW.SOUTHAMPTONTOWNNY.GOV/YBPAYMENT](http://www.southamptontownny.gov/ybpayment).**

SPACE IS LIMITED & PRE-REGISTRATION IS REQUIRED!

Youth's Name: _____ Birth Date: _____ Gender: _____

Ethnicity: Hispanic or Latino _____ White or Caucasian _____ Black or African American _____ American Indian or Alaskan Native _____

Asian _____ Native Hawaiian or Pacific Islander _____ Prefer not to say _____

Mailing Address: _____ Town: _____ Zip Code _____

Youth's Cell Phone Number: _____ Youth's Email Address: _____

School: _____ Grade: _____ Home Number: _____

Food Allergies or Other Health Concerns: _____

Does your child have an I.E.P. or other accommodations in school? _____

Guardian 1: _____ Cell Phone: _____ Guardian 1 Email: _____

Guardian 2: _____ Cell Phone: _____ Guardian 2 Email: _____

Emergency Contact Name _____

Home Phone _____ Cell Phone _____

The following have permission to pick up my child:

Name _____ Relationship _____

How did you hear about this program? Please place a ✓ to which category (or categories) apply to you:

Postcard/Direct Mailing _____ Social Media _____ School _____ Town's Website _____ Email _____

Other: _____

I give permission for my child _____ to attend the Town of Southampton Youth Bureau's Babysitters Club program at the Hampton Bays Community Center, 25 Ponquogue Avenue on Thursdays from February 26th 2026 - April 2nd 2026. I hereby shall release liability, waive any claims against, indemnify, defend and hold harmless the Town of Southampton, its officers, employees, contractors, agents and representatives from and against any and all demands, liabilities, losses, damages, expenses (including reasonable attorney's fees) and judgments relating to or arising from my child's participation in the Town of Southampton Youth Bureau's Babysitters Club program. I certify that my child's health and physical condition are appropriate for participation in these physical activities. In the event of a medical emergency and I cannot be reached, I authorize the Town of Southampton Youth Bureau staff to seek emergency medical treatment. I also consent to photographs and video being taken of my child, understanding they may be used for promotional purposes.

Parent/Guardian Signature: _____ Date: _____/_____/2026

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