



**Sarasota Medical Alliance Foundation Presents:**

# **G.E.M.S.**

## **Good Emergency Mother's Substitute 23rd Annual Comprehensive**

### **Babysitting Course**

**Location: Selby Public Library 1331 1st St., Sarasota FL 34236**

**Wednesday May 30<sup>th</sup> 10:15 a.m. to 12:45 p.m.**

**Thursday May 31<sup>st</sup> 10:15 a.m. to 2:45 p.m.**

**Friday June 1<sup>st</sup> 10:15 a.m. to 12:45 p.m.**

receive infant/child CPR training and learn child care, first aid/safety, creative play, responsibility and ethics.

**To Register:** Please go to our website [donate-smaf.org](http://donate-smaf.org) and find the GEMS link to register online or download registration form to mail or email.

Choose your method of registering, make check payable to SMAF and mail to:  
G.E.M.S., c/o B. Silverman, 1404 N. Lakeshore Dr., Sarasota, FL 34231

**Questions:** Please email [bonjosrq@gmail.com](mailto:bonjosrq@gmail.com) or call the youth desk at 941-861-1130.

Your \$45 check for snack and supply fee must be received within 3 days of registering to hold your place.  
Packed lunch required on Thursday May 31<sup>st</sup>.

Class size is limited to 54 students.

This course is provided as a community service by the **Sarasota Medical Alliance Foundation**, a 501(c)(3) not-for-profit organization.



## G.E.M.S. Babysitting Course Registration

**Wednesday, Thursday & Friday, May 30 thru June 1, 2018**

**Wednesday & Friday 10:15 a.m. – 12:45 p.m., Thursday 10:15 a.m. - 2:45 p.m.**

Selby Public Library, 1331-1st St., Sarasota, FL 34236

**This course is for boys and girls ages 12-15 and those who are finishing the 6<sup>th</sup> grade this spring.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Female \_\_\_\_\_ or Male \_\_\_\_\_ Grade student is finishing \_\_\_\_\_

Name of School attending next fall \_\_\_\_\_

Parent(s) name(s) \_\_\_\_\_

Parent(s) work, daytime and evening contact numbers (specify which is cell or work/home)

\_\_\_\_\_

Parent email address (please state whose) \_\_\_\_\_

\_\_\_\_\_

Where did you hear about this course? \_\_\_\_\_

X \_\_\_\_\_

**Parent/Guardian Signature Required for Registration**

\_\_\_ I have attached a check for \$45.00 payable to: S.M.A.F., or \_\_\_ I am mailing check to follow fax/email.

Please mail registration with check to: G.E.M.S., c/o B. Silverman, 1404 N. Lakeshore Dr., Sarasota, FL 34231

You may also fax your registration form to (941) 929-9800 and mail the check with original registration.

Or you may scan and e-mail the form to Bonnie Silverman at: [bonjosrq@gmail.com](mailto:bonjosrq@gmail.com).

The check must be received within three days of fax or e-mail to secure registration space.

***You will be contacted by email to confirm registration and provide updated course information.***

***Students must bring a bagged lunch Thursday (only) for infant/child CPR training day.***

***\*\*\*\*Students must be able to attend all three days of the course\*\*\*\****

For additional registration forms and information go to [www.myscmsa.org](http://www.myscmsa.org) (see 'Projects').

**This is a non-profit community service project provided by Sarasota Medical Alliance Foundation.**



G.E.M.S.

**PERMISSION TO PHOTOGRAPH/Videotape**

I, the undersigned, hereby consent for and on behalf of my child,

\_\_\_\_\_ (print name), who is under the age of 13 years old, to authorize Sarasota Medical Alliance Foundation, and any of its assigns and licensees, the use and reproduction of any and all photographs, videos of my child for educational, purposes for television, print or their website, or for the purpose of outreach promotion of its programs such as G.E.M.S.

By: \_\_\_\_\_  
Parent signature

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

[www.donate-smaf.org](http://www.donate-smaf.org) / <http://www.srqmedalliancefoundation.org>