

REGISTRATION FORM



**SAFE
SITTER**



Class Date(s): _____

Student Name: _____

Parent/Guardian: _____

Address: _____ Phone: (Home) _____ (Work) _____

City: _____ State: _____ Zip Code: _____ Age: _____ * M ___ F ___ Grade: _____

Birth date: _____ Name student wants to be called in class: _____

**Student must be at least 11 years old.*

Email: _____

Dear Parent/Guardian:

In the Safe Sitter® course, a great deal of information is presented in a short period of time. Some children are unable to keep up with the pace. Because we want every child to succeed in the class, we will work with you to make alternate plans if your child has difficulty keeping up.

I will take all responsibility for deciding whether my child is capable and mature enough to babysit. _____ **YES**

I understand the importance of having my child attend each class session and arrive on time. _____ **YES**

Is there anything about your child that you'd like to share with us before the class?

Allergies

Does your child have any allergies such as foods or latex, that we should know about? _____ **YES** _____ **NO**

(If YES, please explain.) _____

Manikin Practice

The Safe Sitter® class includes practice of rescue skills on CPR manikins. Strict standards for controlling infection are followed in using the manikins.

I agree not to send my child to class if he/she has a contagious illness. _____ **YES**

I give permission for my son/daughter to practice on the manikins. _____ **YES**

Emergency Medical Permission

In the event of a health emergency, I authorize _____ (site) to take my

child to _____ and authorize treatment by the doctor on call.

In the event of any accident or health problem which may require the attention of a physician, I may be contacted

at (phone) _____.

If I am not available, _____ may be contacted at (phone) _____

and is authorized to act on behalf of my child.

Photographic Release

I consent and authorize Safe Sitter® and _____ (site) to use and reproduce photograph: taken of my child during Safe Sitter® class for publicity purposes. _____ **YES** _____ **NO**

Signature of parent/guardian

Date

Safe Sitter® does not release the names of graduates or act as a referral source of babysitters.