

# REGISTRATION FORM



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.*

## 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 photographs 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.*