

BABYSITTING COURSE

Registration Form

Student Name _____ Age _____ School _____

Address _____ Zip _____

Parent's Phone _____ Camp _____

Student's email _____ Parent's email _____

I, _____ understand that my child, _____ is registering for a week long class for Babysitting Preparedness. I understand the registration fee for the class is \$75, this covers the week (Mon-Fri) with meals. I give the Course Instructor permission to seek medical treatment for my child if needed.

Parent Signature: _____ Date: _____

1st Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

2nd Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____ Telephone: _____

_____ Cell Phone: _____

Child resides with: 1st Parent _____ 2nd Parent _____ Guardian _____ Both _____ Other _____

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the camp director. All information will be kept confidential.

Please list any other information you'd like to include
