

REGISTRATION FORM
(To be completed by a Parent/Guardian)

Class Dates: _____

Student Name: _____ Parent(s): _____

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

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

Birth date: _____ ***Student must be at least 11 years old.**

Name student wants to be called in class: _____ Email address: _____

Dear Parent(s):

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 baby-sit. _____ **YES** _____ **NO**
I understand the importance of having my child attend each class session and arrive on time. _____ **YES** _____ **NO**

Does your child have:

- Any special **learning needs**? No Yes
- Problems with **reading or comprehension**? No Yes
- Are there any **Medical Problems** we should be aware of including allergies? No Yes

If you answered YES to any of the above please describe here: _____

How will your child arrive to and leave from the Safe Sitter classes?

_____ I will come in to drop off & pick up my child.

_____ I give permission for my child to leave the classroom on her/his own and meet me at the car.

My child has permission to ride home with _____

My child has permission to leave the classroom and walk home after class Yes _____ No _____

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 the Safe Sitter Instructor to take my child to Rutland Regional Medical Center or to the nearest medical facility 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 in behalf of my child.

Photographic Release

I consent and authorize Safe Sitter and Rutland Regional Medical Center to use and reproduce photographs and/or video taken of my child during Safe Sitter class for publicity and/or training purposes. _____ **YES** _____ **NO**

Signature of parent/guardian

Date

Safe Sitter assumes no responsibility for the acts or omissions of Safe Sitter graduates. Safe Sitter does not release the names of graduates or act as a referral source of babysitters. **Visit the Safe Sitter website at www.safesitter.org**

Safe Sitter Student Contract

This Part is for the Student to read and sign

The Safe Sitter course was developed especially for 11 to 13 year-olds to answer all your questions about babysitting. You will learn the skills you need to safely care for children - infants through school age. We want your Safe Sitter class to be a positive experience for you! We believe you will enjoy the class more and have the best chance to be successful if you know what we expect from you. With those points in mind, please read the following ground rules for the Safe Sitter class.

- **Attendance** There is a lot to learn in a fairly short time so it's important to **come to all sessions, be on time, and stay till the end of class.**
- **Respect for property and equipment** The class will be fun and the atmosphere relaxed if students remember that the space and the equipment must be treated with respect—no running, rough play, loud noises.
- **Respect for others**
 1. You have a great opportunity to meet new people and develop friendships. We will expect you to think of the feelings of others—no teasing or put-downs.
 2. In order to avoid distraction, **cells phones and MP3 players (i.e. iPods, etc.) must be turned off and put away during class time.**
- **Keeping track of your materials** Your Safe Sitter manual was written by Dr. Patricia Keener, the pediatrician who started the Safe Sitter program. It will be helpful to refer to whenever you baby-sit. **Please write your name on your manual and be sure to bring it back to each class session.**

(If you lose your manual a replacement manual can be purchased at a cost of \$28.00)

Safe Sitter classes are always lots of fun for everyone. The ground rules help us to guarantee that fun. Please sign below so that we know you understand.

I understand the importance of Safe Sitter's ground rules. I agree to follow them in class.

Student Signature