Safe Sitter® Registration Form

Student Name:	Course Date(s):			
Preferred Name:	Preferred Pronouns:	Grade:	Date of Birth	:
Parent/Guardian:	F	Phone (Cell):		
Phone (Work):	Phone (Secondary):			
Address:	City:		State:	Zip:
Parent/Guardian Email:				
Dear Parent/Guardian(s): A great deal of information is preser the course, and we will work with your thing about your child that we so Instructor or Site Coordinator know	ou to make alternate plans if your ch hould know to help your child succe	ild has difficulty kee	eping up. Please let	us know if there is
Allergies Does your child have any allergies su If YES, please explain:	uch as foods or latex?		N	o YES
Emergency Medical Permission In the event of a health emergency, my child. My preferred hospital is problem which may require the atte		ted at (phone)	n the event of any	accident or health If I am not available,
Manikin Practice Safe Sitter® includes practice of reso I agree not to send my child if he/sho I give permission for my child to prac	e has a contagious illness including r		ards for controlling	infection. YES YES
 I understand the importance of The Registered Provider reserve to the site's discretion, is disrup I, the undersigned, consent to the pictures or recordings taken of Acknowledgement of Risk of Interval in the activities that may program, I hereby agree to release their respective employees, me I, the undersigned, have read the meaning and significance. I, the undersigned, hereby certificativities for which he or she has by submitting this registration. I consent and authorize the Reg 	leciding whether my child is capable having my child attend each course as the right to decline the application tive or puts him/herself or others at the use, reproduction and publication my child during the program for publication in the program f	session and arrive of n of any student, or strisk. In by Safe Sitter, Inc. a clicity purposes. In by Safe Sitter, Inc. a clicity purposes. In consideration of the string stri	n time. send home any stu and/or the Registe d that there may b on of my child's pa r, Inc. and the Regi o us and our child f untarily and with safely participate in	red Provider of e a risk of injury rticipation in the stered Provider and or any and all claims. full knowledge of its n the program f acceptance.
	rdian (nlease tyne your first and las	<u> </u>	Date	

 $Safe \ Sitter, Inc.\ does\ not\ provide\ CPR\ or\ other\ certifications, release\ the\ names\ of\ graduates, or\ act\ as\ a\ referral\ source\ of\ babysitters.$