



CLASS REGISTRATION

-- Office Use Only --
Date Paid: _____ Amount: _____
<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card
Check / Conf # _____

Class Dates: _____
 Student Name: _____
 Parent/Guardian: _____
 Address: _____
 City: _____ Zip: _____ Home Phone: _____
 Birth Date: _____ Age: _____ Grade: _____ Male Female



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 this 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. *Parent Initials* **YES**

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

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

ALLERGIES

Does your child have any allergies (foods, latex, etc.) 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. *Parent Initials* **YES**

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

CONSENT FOR MEDICAL CARE

In the event of a medical emergency, I authorize East Pierce Fire & Rescue to transport my child to _____ for care and authorize treatment by the doctor on call.

EMERGENCY CONTACT

Mother's Name: _____ Cell # _____ W# _____

Father's Name: _____ Cell # _____ W# _____

If I can not be reached in an emergency, I authorize the following person to act on behalf of my child:

Contact Name: _____ Cell# _____ Other # _____

PHOTOGRAPHIC RELEASE

I consent and authorize Safe Sitter and East Pierce Fire & Rescue to use and reproduce photographs taken of my child during the Safe Sitter class for publicity purposes. **YES** **NO**

Signature of Parent/Guardian

Date

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

Return registration forms to: East Pierce Fire & Rescue 18421 Veterans Memorial Dr E Bonney Lake, WA 98391	Phone (253) 863-1800 Fax (253) 863-1848	
----------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------	--