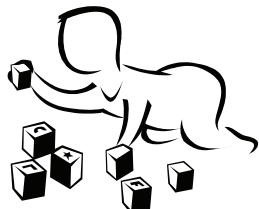


Thompson Recreation, with support from NECASA (Northeast Council Against Substance Abuse) presents



American Red Cross Babysitter Training Course

For 11-15 year olds (must be 11 by course completion)

Join us for this hands-on, practical, interactive course. Learn how to handle emergencies, perform first aid - including responding to life threatening emergencies (not certification for CPR or first aid), interview for babysitting job, supervise children, keep kids and yourself safe both in the house and outside, perform basic care routines like diapering, feeding and dressing infants, children, and other skills that will help make you a successful babysitter.

DATES: Tuesdays, Oct. 5, 12, 19, 26 You must attend all 4 classes to receive the certificate.

TIME: 2:15 - 5:00 p.m. (Extended Care until 5:30 p.m. is available for an additional \$2 per day.)

PLACE: MRFES Room E-19 (former music room) Enter through TMS Main doors for pick-up. For extended care, pick up is at TMS cafeteria).

COST: Early Bird Registration by Sept. 28: \$19 For registrations received Sept. 29 or later \$24
Cost includes Babysitter Kit: Handbook, Emergency Reference Guide and CD_ROM with the tools to run your own babysitting business

Note: Financial Assistance is available for this program. For guidelines and an application, visit our website or stop by the Recreation office. The Financial Assistance Application must be sent in with this form. If applying for assistance, do not submit this form without the financial aid application form.

We accept program registrations on a first-come, first-serve basis. You may stop by Thompson Town Hall with your registration and payment, send it in a clearly marked envelope to school with your child, or mail it to TRC, PO Box 899, No. Grosvenordale, CT 06255. Make checks payable to TRC. Questions? Call us at 923-9440. Please keep upper portion for your records.

Babysitter Training Course Registration Oct. 5 - 26, 2010

(Please print, list only 1 child per form)

Child's Name _____ Gr. _____ Teacher _____

Child's Date of Birth _____ Child's Age _____ Parent(s) Name _____

Street Address _____ Town _____ State _____ Zip _____

Mailing Address _____ Town _____ State _____ Zip _____

(if different from street)

Home phone _____ Cell # _____ Parent's work # _____

Other Emergency Contact Person _____ and their # _____

Does your child have any medical needs/conditions that the staff should be aware of? _____ If Yes, please explain _____ Will your child need to take meds during this program (including epi-pen or inhaler)? _____ If yes, complete Medication Authorization form and Emergency Treatment forms available on-line or in our office.

I, the undersigned, hereby release any and all claims I may have against the Thompson Recreation Commission, its directors, agents, and employees and other officials as a result of my child's participation in these classes. Photographs of my child can be used for program promotion. Also, I give permission for my child to receive emergency medical care, if I am unavailable. I understand space is limited and will be made available on a first-come, first-serve basis until the class is full. I understand there are no refunds for missed classes. I understand that if there is an emergency early release from school, this program will not be held and my child will be sent home according to the instructions on my child's school emergency form. I understand there is a \$20 fee for checks returned to TRC by the bank. **I understand my child must attend all 4 classes in order to complete the course. I understand there are no make-up classes and no refunds once the class has begun.**

My child will require Extended Care No _____ Yes _____ (\$2 per day) (pick up at TMS Cafeteria)

_____ My child has permission to walk home following these classes. OR

_____ My child may be picked up after class by the following people; I understand photo ID is required. Pick up is Room E-19. Enter through TMS.

_____ I have enclosed payment in the amount of \$ _____ Cash _____ Check # _____ or

_____ I am applying for financial assistance (all Financial Assistance paperwork must be sent in with this form.) _____

Parent/Guardian Signature _____ Date _____