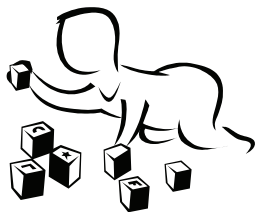


Thompson Recreation, with support from NECASA (Northeast Council Against Substance Abuse), presents



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 first-aid or C.P.R.), interview for a 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, March 2, 9, 16, 23, 2010

You must attend all four classes in order to receive 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 former Music Room Children should be picked up here. For students remaining for extended care, pick up is in Middle School Cafeteria. (In both cases, please use Middle School Main Entrance to access the building.)

COST: Early Bird Registration by Feb. 23: \$15 Registrations received after Feb. 23: \$20
(Cost includes the Babysitter Kit: Handbook, Emergency Reference Guide, and CD -ROM with the tools to run your own baby sitting 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 have a limited number of slots available. Registrations will be accepted on a first come-first serve basis until the class is full.

Return completed form with payment to Thompson Recreation in Thompson Town Hall or mail to TRC, PO Box 899, No. Grosvenordale, CT 06255 Questions? Call 923-9440. Keep upper portion for your records

Babysitter Training Course March 2 - 23, 2010

(please print; 1 child per form)

Child's Name _____ Gr. _____ Teacher _____

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

Home Address _____ Town _____ State _____ Zip Code _____

Mailing Address (if different from above): _____

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

Other Emergency Contact Person _____ and their phone # _____

Does your child have any medical conditions/needs that the staff should be aware of? Yes No If yes, please explain _____

Will medication be needed during these hours? _____ If yes, complete Medication Authorization form and Emergency Treatment forms available on-line or in our office.

I, the undersigned, agree to assume all responsibility for all risk or damage that may occur as he/she participates in the Babysitter Training Course. I, hereby, for myself, my heirs, executors and administrators release and discharge Thompson Recreation Commission, the Town of Thompson, the American Red Cross and all persons associated with said program from all claims, damages, rights of action, present or future, resulting from or arising out of or incident to my child's participation in this program. **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 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. My child may be picked up after class by the following people; I understand photo ID is required. **I understand my child must attend all 4 classes in order to complete the course.**

My child will require extended care until 5:30 p.m.: No _____ Yes _____ (\$8) (Pick-up at Middle School cafeteria.)

_____ My child has my permission to walk home following babysitting classes.

or

_____ The following people have permission to pick up my child after these classes. (They must show a photo ID.)

Signature of Parent/Guardian _____ Date _____

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

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