



Babysitter Training

Name of Child _____

Date of Birth _____

Male

Female

Address _____

Postal Code _____

Mother/Guardian _____

Home Phone _____

Cell Phone _____

Father/Guardian _____

Home Phone _____

Cell Phone _____

Email Address _____

AHC# _____

Alternate Contact if Parent / Guardian cannot be reached

Name _____

Home Phone _____

Bus. Phone _____

Relationship to the child _____

List any special considerations we should be aware of, such as special needs or behavioral challenges.

Allergies

In case of an medical emergency 911 will be called then the parents/guardians.

FCSS will not administer any medication. If your child requires medical treatment, your signature on the Registration Form gives the FCSS Summer Program Staff authority to take initial steps to secure medical advice and services. You will be contacted as soon as possible. If you are unreachable, the person noted in the registration form will be contacted.

Declaration

I acknowledge the risks and danger involved associated with the Home Alone Safely Program and hereby waive all claims which I may have against Manning & District FCSS from all liabilities for injury, death, property damage or any other loss sustained as a result from the Home Alone Safely Program.

I certify that my child is of age and physically capable of participating in the activities registered for.

I grant permission to Manning & District FCSS to reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child or children, for the use in the materials they create for purposes of promoting the activities of the Babysitters Training Program.

Parent/Guardian's Signature _____

Date _____