

Chautauqua Children's Safety Education Village

BABYSITTING COURSE REGISTRATION FORM



Child's Name: _____ M / F (Circle)

Address: _____

Age: _____ Date of Birth: _____ Phone #: _____

Medical Information:

Medical conditions (Including allergies, ADHD or any other behavioral conditions within the last 3 years. (Please write "none" if no medical conditions:

Phone numbers where parent/guardian may be reached (work, cell, etc):

Release:

I give permission for _____ (child's name) to have his/her picture or video taken at the Chautauqua Children's Safety Education Village and to have those photos or videos used as part of a press release, on our website, in any media including Facebook and other social media sites, on television, in videos created to display our classes or for advertising purposes. I agree that I am the legal parent or guardian of the above names child.

Signature of Parent/Guardian: _____ Date: _____

Parent/ Guardian (Please Print): _____

Payment/ Enrollment Information:

Fee: \$75 per child (Additional \$5.00 if your child wishes to have a Certified CPR card from the American Heart Association)

Class Time: 9:00-3:00p.m.

Please send registration form and non-refundable check to:

(Make checks payable to CCSEV)

CCSEV

2695 Route 394

Ashville, NY 14710

Please contact: Jessica at (716)338-0171 with any questions or by email at

jessica@childrenssafetyvillage.com

Babysitter Resume Questionnaire

Please fill out this form and send it with your registration form so that we can start to create a babysitting resume for your child.

Name: _____

Do you drive? YES NO

When are you available for babysitting?

- | | |
|------------------------|--------------------------------|
| _____ Weekdays | _____ Summer vacation days |
| _____ Weeknights | _____ Summer vacation evenings |
| _____ Weekend days | _____ Some school vacations |
| _____ Weekend evenings | |

Number of years you have been babysitting: _____

Ages of children you have worked with: _____

Activities you enjoy doing with children: _____

Is there anything you are uncomfortable with (e.g. diapers, pets, etc)?

Brief Bio About Yourself (hobbies, sports, etc):
