



CLASS REGISTRATION



Class Date: _____

Student Name: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

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.

_____ **YES**

Parent Initials

I will have my child arrive on time and stay for the complete class. _____ **YES**

Parent Initials

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: _____

CONSENT FOR MEDICAL CARE

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

EMERGENCY CONTACT

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

If I cannot 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 Central 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.

LOCATION:

Class is held at:

**Parkland Fire Station 61
100 South 114th Street
Tacoma WA 98444**

Class is 9 a.m. – 5 p.m. Please arrive 30 minutes early for sign in.

PAYMENT INFORMATION:

Cost of the course is \$20.

Method of payment: Check (Payable to Central Pierce Fire & Rescue)
 Visa
 Mastercard

For payment by credit card:

Cardholder's Name: _____

Cardholder's Address: _____

Card number: _____

Card CSC number (3 digit number on back of the card): _____

Cardholder's Signature: _____

Card Expiration Date: _____

Return payment, registration form and student contract to:

**Central Pierce Fire & Rescue
Station 71
902 7th Street NW
Puyallup, WA 98371**

Registration & payment must be received one week prior to the class date or your child will not be admitted the day of the class.

Questions, please call (253) 538-6402.

A CONFIRMATION LETTER WILL BE SENT ONCE PAYMENT IS RECEIVED.