



# 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 114<sup>th</sup> St, Tacoma WA 98444.**

**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: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

**Return payment, registration form and student contract to: Central Pierce Fire & Rescue  
17520 22<sup>nd</sup> Ave. E.  
Tacoma, WA 98445**

**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? Call (253) 538-6491**