



Babysitting Registration Form



(Date)

(Name of Event)

Name of Child: _____

Name of Drop-off Parent/Guardian: _____

Name of Pick-up Parent/Guardian: _____

Contact Name & Number for Babysitting Time Period:

Name: _____ Phone Number: _____

Other Contacts:

Emergency Contact (1): _____ Phone Number: _____

Emergency Contact (2): _____ Phone Number: _____

Medical Conditions (i.e. Asthma, Allergies): _____

Please sign below to show that you have read the following statements:

1. I / We are aware that the babysitting is for children age 3 – 8, who are able to independently use the toilet
2. I / We are aware that our child will be supervised by Red Cross Babysitting Course Certified students at a ratio of no more than 8 children: 1 babysitter, with one adult supervisor present in the room at all times.
3. I / We are aware that we are responsible for providing our child with healthy, peanut-free snacks, as no food will be provided during the babysitting session.
4. I / We recognize that a babysitting service can involve certain elements of risk to our child(ren). Injuries can occur during this service due to the nature of the activity and can occur without any fault of either the student babysitter, the School Board, or its employees/agents and by choosing to take part, the undersigned recognizes and accepts the inherent risks.
5. I/We are aware that we need to pick-up our child(ren) immediately following the conclusion of the event.

Parent/Guardian Signature

Date