

Red Cross

Babysitter Training

Sponsored by Woodbridge Youth Services

Wed., Aug. 10 & Thurs., Aug. 11
9:00 am to 12:45 pm
2-Day Class (Must attend both days)

Location: Woodbridge Library Meeting Room
Fee: Residents - \$60, Non-residents - \$65
Sibling discount available.

Must be paid by 8/8/22. Permission form required with payment.
Make checks payable to:
Woodbridge Youth Services
11 Meetinghouse Lane
Woodbridge, CT 06525

Call 203-389-3429 or email: npfund@woodbridgect.org
to register. Space is limited.
Snack is provided.
Please bring mask as it may be required.



American
Red Cross

Together, we can save a life



*Teens (ages 12-17) will learn the babysitting basics:
Leadership, Basic Care, Safety, and Basic First Aid.
Enrollment includes:*

- ◆ *American Red Cross Babysitters Handbook*
- ◆ *First-Aid Booklet*
- ◆ *Certificate of Completion (Must attend 2 days;
to be mailed by instructor)*

WOODBRIIDGE YOUTH SERVICES PERMISSION SLIP FOR BABYSITTER TRAINING

PARTICIPANT INFORMATION

Participant's Name: _____ Date of Birth: _____ Age: _____

Address: _____ Town: _____ Zip: _____

School: _____ Grade: _____ Gender: _____
(If Summer, list school/grade entering)

Parent/Legal Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Referred to the program by: _____

- Please check here if you do *NOT* want your child's photo published.
- Please check here if your child does *NOT* have permission to fill out anonymous course evaluations.

DEMOGRAPHICS (please check one in each category)

<u>Ethnicity:</u>	<u>Family Constellation</u>	<u>Free/Reduced Lunch:</u>
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> 2 Birth/Adoptive Parents	<input type="checkbox"/> Receives Free/Reduced Lunch
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Step & Birth Parent	<input type="checkbox"/> Eligible for Free/Reduced Lunch
	<input type="checkbox"/> Single Parent (Female)	<input type="checkbox"/> Not Eligible
	<input type="checkbox"/> Single Parent (Male)	
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Grandparents	
<input type="checkbox"/> Asian	<input type="checkbox"/> Relative/Guardian	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> DCF	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Foster Parent (s)	
<input type="checkbox"/> Multi Racial	<input type="checkbox"/> On Own	
<input type="checkbox"/> White	<input type="checkbox"/> Joint Custody	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	

Note:
We provide certain demographic information from this form to CT Department of Children and Families for statistical and research purposes.

PERMISSION AND EMERGENCY/MEDICAL INFORMATION

Emergency Contact: _____ Relationship: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Please list any medical or emotional concerns including any allergies _____

I give permission for my child to participate in the programs at Woodbridge Youth Services. I understand my child may be required to wear a mask and remain socially distant.

Parent/Legal Guardian Signature: _____ **Date:** _____

I agree to participate in the Woodbridge Youth Services Babysitters Training and will abide by the rules set by the instructor.

Student Signature : _____ **Date:** _____