

# Red Cross Babysitter Training

**2-Day Course, Wed., July 24 & Thurs., July 25, 2019**

**9:00 a.m. until 1:00 p.m. at**

**Woodbridge Library Meeting Room**

**10 Newton Road**

**Sponsored by Woodbridge Youth Services for ages 12 - 17**

*American Red Cross-trained Facilitator, Anna Maria Mauhs covers all the basics to get you ready to babysit: Leadership, Basic Care, Safety, and Basic First Aid*

*Enrollment includes:*

- ♦ *American Red Cross Babysitters Handbook*
- ♦ *First-Aid Booklet*
- ♦ *CD-ROM*
- ♦ *Certificate of Completion (Must attend 2 days)*

**Students may bring their own lunches; Snack is provided**

**Fees: Residents \$60**

**Non-residents \$65**

**Must be paid in advance by mailing a check payable to:**

**Woodbridge Youth Services**

**11 Meetinghouse Lane**

**Woodbridge, CT 06525**

**along with a Parent Permission Form found on the Town Website**

**<https://www.woodbridgect.org/160/Youth-Services>**

**Discount for siblings attending together.**

*Spaces are limited!*

*Call Youth Services at 203-389-3429*

*for more information.*



**American  
Red Cross**

*Together, we can save a life*



# 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 name or photo published
- Please check here if your child does **NOT** have permission to fill out anonymous surveys
- Please check here if the program does **NOT** have permission to share student names with Ct Dept. of Education for grant reporting

## 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)	
<u>Race:</u>	<input type="checkbox"/> Grandparents	
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Relative/Guardian	
<input type="checkbox"/> Asian	<input type="checkbox"/> DCF	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Foster Parent (s)	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> On Own	
<input type="checkbox"/> Multi Racial	<input type="checkbox"/> Joint Custody	
<input type="checkbox"/> White	<input type="checkbox"/> Other	
<input type="checkbox"/> Other		

*Note:  
We provide certain demographic information from this form to the State of CT Department of Education 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.**

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