

# 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](mailto: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)*

# WOODBRIDGE YOUTH SERVICES PERMISSION SLIP FOR BABYSITTER TRAINING

## PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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)

<b><u>Ethnicity:</u></b>	<b><u>Family Constellation</u></b>	<b><u>Free/Reduced Lunch:</u></b>
<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
<b><u>Race:</u></b>	<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: \_\_\_\_\_

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