

Babysitting Registration Form

Child's Name _____ Date of Birth _____

Mailing Address (including Postal Code) _____

Phone Number (s) _____

Emergency Contact Name _____ Number _____

Email _____

I, (please print name) _____, authorize and agree to the following terms of training as provided by Frontier Services. I confirm that my child has no health conditions that may be worsened by actively participating in training.

Please circle any that are applicable and explain below:

Asthma – Allergies – Anxiety – Attention Issues – Communicable Diseases – Seizures – Bone – Muscle - OTHER medical issues that may impact ability to safely participate in the course.

By way of my signature, I release St. Paul Regional FCSS and its contracted instructors from any and all claims that may result from my participating in training offered Frontier Services. The personal information collected by St Paul Regional FCSS is necessary to operate our Babysitting program. This collection is authorized by section 33 of the Freedom of Information and Protection of Privacy Act.

Parent/Guardian Signature: _____

Date: _____

