



Babysitting Preteen and Teen Class Registration Form

Please complete a separate registration form for each person attending class. Class size is limited to the first 20 participants who submit their registration forms and payment. **Participants must be at least 13-18 years of age at the time of the class.**

Name: _____ Age: _____
Address: _____
City: _____ State _____ Zip _____
Phone: _____
Email: _____
Date of class wanting to attend: _____

Parent or Guardian (Provide number(s) where you can be reached on class day)

Name: _____ Relation: _____
Phone: _____
Cell Phone: _____

FEE for class: \$50.00
Class includes: Babysitter training **plus** Heart Saver CPR, & AED for adults, children, and infants training.
Bring the following to class: Sack lunch (Beverages and snacks will be provided)

For security reasons you must deliver the student by 9:00 a.m. to the designated location of the class and pick-up the student at the same place by 4:00 p.m.

****A PARENT MUST ACCOMPANY THE CHILD UPON AND SIGN CONSENT FORMS FOR THE CLASS.**

Class size is limited to 20 people and the class fills quickly. Your payment is necessary to hold the student's place. If payment is received after the class is filled, we will notify you by phone of the next available date.

FORMS

Please make checks payable to: Children's Hospital, Navicent Health

Mail registration and payment to: Children's Hospital, Navicent Health
c/o Babysitting Classes
777 Hemlock Street
MSC 38
Macon, GA 31201

If you have any questions contact Children's Hospital, Navicent Health at 478-633-7145.