Safe Sitter® Student Contract

The Safe Sitter® course is a medically accurate child care course developed especially for students in grades 6-8. Safe Sitter® teaches you the skills you need to safely care for children—infants through school age.

We want your Safe Sitter® course to be a positive experience for you! We want you to know what to expect from us when you take the course and we want you to know what we expect from you. With those points in mind, please read the following ground rules for the Safe Sitter® class.

- 1. Attendance. There is a lot to learn in a fairly short time so it's important to come to all sessions, be on time, and stay until the end of the course. If this is not possible, you should reschedule for another course.
- 2. Respect for others. You have a great opportunity to meet new people and develop friendships. We will expect you to think of the feelings of others no teasing or putdowns.
- **3. Respect for property and equipment.** The class will be fun and the atmosphere relaxed, but students must remember that the space and the equipment must be treated with respect.
- **4. Student materials.** Please write your name in your Student Handbook and be sure to bring it back to each course session. Take your Student Handbook home after the course—it's yours to keep.
- **5. Electronic devices.** Keep cell phones and electronic devices on silent and put them away during class. You can check for messages at lunch or after the course. Please be sure that any electronic devices brought to class do not distract anyone during the course.

Safe Sitter® courses are always lots of fun for everyone. The ground rules are meant to help guarantee that fun. Sign below if you are willing to abide by them.

I understand the importance of Safe Sitter's ground rules. I agree to follow them in the course.

Student Signature		
Date		









Safe Sitter® Registration Form

Student Name:		Course Date(s):				
Name student wants to be called:	Gender: M_F	Grade:	Date of Birth: _			
Parent/Guardian:	Phone (Cell):				
Phone (Work):	Phone (Secondary):					
Address:	_City:		State:	Zip:		
Parent/Guardian Email:						
Dear Parent/Guardian(s): A great deal of information is presented in a short pothe course, and we will work with you to make alter anything about your child that we should know to have linstructor or Site Coordinator know as soon as possi	nate plans if your child has elp your child succeed. If yo	difficulty keep	ing up. Please let u	s know if there is		
Allergies Does your child have any allergies such as foods or lif YES, please explain:	atex?		No	YES		
Emergency Medical Permission In the event of a health emergency, I authorize (Reg						
my child. My preferred hospital is			•			
problem which may require the attention of a physi may be contact						
Manikin Practice Safe Sitter® includes practice of rescue skills on CPR I agree not to send my child if he/she has a contagio I give permission for my child to practice on the man	us illness including rash.	strict standard	is for controlling ir	nfection. YES YES		
 Other Terms and Conditions I will take all responsibility for deciding whether I understand the importance of having my child The Registered Provider reserves the right to detect to the site's discretion, is disruptive or puts him I, the undersigned, consent to the use, reproduce pictures or recordings taken of my child during Acknowledgement of Risk of Injury/Release are involved in the activities that my child will engage program, I hereby agree to release, waive, hold their respective employees, members, officers I, the undersigned, have read this release and unmeaning and significance. I, the undersigned, hereby certify that to the beactivities for which he or she has been registered By submitting this registration form I agree to the I consent and authorize the Registered Provide Safe Sitter, Inc. will not sell, share or trade this 	attend each course session ecline the application of any /herself or others at risk. It ion and publication by Safthe program for publicity pud Waiver. I acknowledge at age in during the program. I harmless, and shall indemnand other staff members frinderstand all of its terms. It is to f my knowledge, my ched. It is the terms listed above and price submit the name and actions and actions and actions and actions are submit the name and actions.	and arrive on a student, or se e Sitter, Inc. an urposes. In consideration if y Safe Sitter, orn liability to a execute it volumid is able to safe orovide my signidress of my chi	time. nd home any stude d/or the Registere that there may be a n of my child's part lnc. and the Regista us and our child for ntarily and with fu fely participate in t	d Provider of a risk of injury icipation in the ered Provider and any and all claims. Il knowledge of its the program cceptance.		
Signature of parent/guardian			Date			

Safe Sitter, Inc. does not provide CPR or other certifications, release the names of graduates, or act as a referral source of babysitters.