

Priority Safety Babysitting Registration Form

Child's Name _____ Date of Birth _____

Mailing Address (including Postal Code) _____

Phone Number (s) _____

Emergency Contact Name _____ Number _____

I, (please print name) _____, authorize and agree to the following terms of training as provided by Priority Safety. 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 Priority Safety and its instructors from any and all claims that may result from my participating in training offered by Priority Safety.

Parent/Guardian Signature: _____

Date: _____

Information Release Form *St Paul FCSS & St Paul Municipal Library Babysitter Online Directory*

I grant St Paul FCSS and the St Paul Municipal Library the right to use and share online via our websites the child's name and contact information provided below for the purpose to create a babysitter's directory for families to connect with certified babysitters in our community. Information collected under the authorization of the Libraries ACT and FOIP.

If you have a change in contact information or wish to be removed from the list, please contact us.

Childs Name: _____

Contact Number/Email: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

