

American Red Cross Babysitter's Training

PLEASE CIRCLE SELECTED CLASS DATE BELOW:

Monday, October 9, 2017

8:45am until 3:45pm, Chester Town Hall

OR

Friday, March 9, 2018

8:45am until 3:45pm, Chester Town Hall

This program is open to students age 11 (by 12/31/17) through age 15.

**PLEASE CALL 526-0013, extension 223 NOW, or e-mail
parkrec@chesterct.org TO REGISTER, AS SPACE IS LIMITED.**

After you have called or e-mailed and your space is confirmed, complete the following information and return the form with the \$45 fee (checks made payable to Chester Parks and Recreation) to Chester Elementary School, the Parks and Recreation mailbox at the Town Hall or mail to:

Town of Chester
Parks and Recreation
203 Middlesex Avenue
Chester, CT 06412

Participant's Name: _____

Participant's Age: _____ Grade: _____

Home Phone Number: _____ e-mail address _____

Mailing Address: _____

Parents' Name(s) and Phone Number(s) During the Program:

Emergency Name(s) and Phone Number(s):

The following people have permission to sign my child out:

The child's parent, or a person designated above, must come in to the building to sign the student out after class unless you indicate above, or in writing, your child has permission to sign them self out.

PLEASE INDICATE AT THE TOP OF THIS FORM if you do not wish your CHILD'S PHOTO to appear in newspapers or on the Town web site, social media, flyers, emails, or on bulletin boards.

ACCORDING TO CONNECTICUT GENERAL STATUTE 19a-77 WE ARE REQUIRED TO DISCLOSE THAT TOWN OF CHESTER PROGRAMS ARE NOT LICENSED BY THE STATE OFFICE OF EARLY CHILDHOOD.

I give permission for my child, named above, to participate in the Chester Parks and Recreation sponsored American Red Cross Babysitter's Training on October 9, 2017 or March 9, 2018. I give the staff of the Parks and Recreation department permission to seek emergency medical treatment for my child. I understand that there are inherent risks to this program and I assume those risks.

Signature of Parent or Guardian

Date