

# American Red Cross Babysitter's Training

**PLEASE CIRCLE SELECTED CLASS DATE BELOW:**

Monday, October 10, 2016

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

OR

Thursday and Friday, March 23 and 24, 2017, 1:15pm until 4:45pm (following the early school dismissal)

School bus transportation is available from Chester Elementary to the Chester Town Hall.

*This program is open to students in grade 5 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, on the town web site, in Parks and Recreation flyers or emails, or on school or public bulletin boards.***

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 10, 2016 or March 23 and 24, 2017. 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