Babysitting Clinic

When: Thursday, June 23, 2016
9:00am-2:00pm

Where: Laurens Public Library
273 N 3rd St.
Who: 5th & 6th Graders

Cost: $10.00/person (includes snacks, drink, & materials)

Participants will need to bring sack lunch.

Registration deadline is June 10, 2016 at the
ISU Extension and Outreach Office Pocahontas County

305 North Main Street
Pocahontas, IA 50574
(712) 335-3103

Registration form and agenda on back

The fees for this service will be used to off-set direct expenses and to support Youth Development County Extension Program.
Agenda for Babysitting Clinic

Agenda - Participants will learn the basics of CPR, home safety, money management, how to make a healthy snack. They will finish the day discussing the ages and stages of young children.

- Register early for the class size, is limited to 20 participants.
- *Participants will need to bring a sack lunch!!

Babysitting Clinic

If you would like to attend this Babysitting Clinic, but need financial assistance please contact the Extension Office to make arrangements at 712-335-3103.

Participant’s Name ____________________________________________________________________________________________________
Parent/Guardian ______________________________________Home Phone_______________ Work phone____________________________
Address ____________________________________ City _________________ Grade ______Sex _________
In case of emergency, notify ___________________________________Phone_________________________________
Special Health Considerations (allergies, reactions to penicillin, current medications, etc.)
____________________________________________________________________________________________________________________
Activity restrictions: ____________________________________________________________________________________________________
I have given my child permission to attend the Babysitting Clinic. However, I agree to pick up my child if the chaperones do not feel my child is abiding by the guidelines. I also understand that in case of serious injury or illness, I will be notified, but if it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by the attending physician.

___ Yes ___No       I give permission for my child to have his/her picture taken to be used for news releases and reports.

Signature of Parent/Guardian _____________________________________________________DATE __________________

Return to: ISU Extension and Outreach Pocahontas County, 305 North Main Pocahontas, Iowa 50574

REGISTRATION DEADLINE: :: June 10, 2016

... and justice for all

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