Babysitters Training

Two classes will be offered: Tues. July 19th OR Thurs. July 21st

9AM-4PM at the Shelby County Extension office  906 6th Street Harlan

Lunch will be provided. Cost is $20 (non-refundable)

Class size is limited to 15/class.

Registration form and payment must be received to hold an opening. (registration form on back)

Child care instruction will be led by Karla Berndt and Rhonda Anderson from Myrtue Medical Center; Learning for Life. Participants will learn about ages and stage of children ages 0-8, proper holding, feeding, diapering and age appropriate activities.

1st Aid/CPR instruction will be led by Jan Hursey and Jane Klein from Myrtue Medical Center; both of which are certified American Heart Association instructors.

Thank you for the generous support from: Shelby County Community Chest, Shelby County American Red Cross, Myrtue Medical Center and Learning for Life.
Babysitters Training

Participant Name: _______________________________________________________________  ONE PER FORM  Age: ___________

Parent E-mail: __________________________________________

Phone: ________________________________________________

LUNCH WILL BE PROVIDED

______ Tuesday, July 19th

______ Thursday, July 21st

Cost is $20. Please make checks payable to: Shelby County Extension

List any physical, medical or dietary condition staff should be aware of: ___________________________________________________

________________________________________________________________________________________________________________

My child has my permission to attend this activity. I understand that the youth will be closely supervised. I 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 an attending physician.

I hereby grant my consent to ISU Extension & Outreach to use my child’s image as they see fit for educational purposes or advertising/marketing ISUE&O and its programs. I waive any right to inspect, approve or otherwise restrict the use of my child’s image and I not seek compensation or royalties for their use.

Parent Name (printed): _____________________________________________________________________________________________

Parent Signature: __________________________________________________________________________________________________

Person picking up my child: _______________________________________________________ Phone: ____________________________

Return Registration form to Shelby County Extension 906 6th Street Harlan, IA  51537