



Special Care Sitter Student

REGISTRATION FORM

Class Fee: \$10.00

Class Date: _____

Student's Name: _____

Date of birth: _____ Age: _____ Gender: _____

School: _____

Special accommodations needed _____

Parent(s)/Caregiver(s) Name: _____

Home Address: _____

County: _____

Home Telephone: _____

Parent's Work Telephone: _____

Parent's Email Address: _____

What organization provided your pre-requisite babysitting training?

_____ Where? _____

Date: _____

Lunch will be provided. If the student has any food allergies or food restrictions, the student must bring his/her own lunch to accommodate his/her food requirements.

Photographic and Legal Release

I assume all risks and hazards of my child's participation in Special Care Sitter programs and activities conducted by Riley Hospital for Children, Community Education and Child Advocacy Department and Easter Seals Crossroads Rehabilitation Center. I do hereby waive all claims or legal actions, financial or otherwise, against the sponsoring organizations, or their elected and appointed officials and employees, the organizers, sponsors, supervisors or any volunteer connected with the program. I grant full permission to use photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose. In absence of signature, payment of fees and student's participation in Special Care Sitter shall constitute acceptance of the conditions set forth in this release.

Parent/Guardian Signature

Date

Please complete this form and mail with a check for \$10 payable to Indiana University at least one week prior to the class to:
Community Education and Child Advocacy
Riley Hospital for Children
Attn: Special Care Sitter
575 West Drive, #008
Indianapolis, IN 46202

Questions? Please call 1-888-365-2022

***Special Care Sitter and Riley Hospital for Children
assumes no responsibility for the acts or omissions of
Special Care Sitters upon completion of the program.***