



Babysitting Program: Release Form

Student Name: _____

Date of Birth: _____

Month/ Day/ Year

Mailing Address:

Parent/Guardian Name: _____

Contact Number(s): _____

Please use the space below to provide any general health information that we should be aware of (ie. allergies, asthma, autism, ADHD, diabetes, epilepsy etc.). Thank you.

I certify that the information in this application is correct and complete and I hereby give permission for my child to attend this training session:

***To be signed by parent /guardian at time of drop off**

Date

