



716.338.0171

2695 Route 394, Ashville, NY, 14710

chautauquasafetyvillage.com

BABYSITTING COURSE REGISTRATION

Name: _____ M / F (Circle)

Address: _____

Age: _____ Date of Birth: _____ Phone #: _____

Medical Information:

Medical conditions (Including allergies, ADHD or any other behavioral conditions within the last 3 years.
(Please write "none" if no medical conditions):

Class Date Registering for: _____

Are you requesting a scholarship? Yes / No (Circle)

Phone numbers where parent/guardian may be reached (work, cell, etc):

Release:

I give permission for _____ (child's name) to have his/her picture or video taken at the Chautauqua Children's Safety Education Village and to have those photos or videos used as part of a press release, on our website, in any media including Facebook and other social media sites, on television, in videos created to display our classes or for advertising purposes. I agree that I am the legal parent or guardian of the above named child.

Signature of Parent/Guardian: _____ Date: _____

Parent/ Guardian (Please Print): _____

***Lunch will be provided or you may bring your own lunch.**

*** Cost for course is \$75 payable by check made out to "CCSEV" when registration is submitted with exception of awarded scholarships.**