



St. Joseph's Hospital
and Medical Center



COMMUNITY EDUCATION CLASSES Babysitter Training Program

Our class will help young people prepare for their career as babysitters. Learn how to properly care for infants and children, including safety and accident prevention, emergency decision making, working well with parents, activity planning and CPR and First Aid. Participants will receive an American Safety and Health Institute Card and certificate and materials. Participants should bring a non-perishable sack lunch. Pre-registration is required. Parents are welcome to stay and participate. Participants must be 11 years of age.

Time: 9:00 a.m. - 3:00 p.m.
Location: Center for Education and Development at Park Central Mall
3115 N. 3rd Avenue, Suite 132
Cost: \$35.00
To Register: Make check or money order payable to St. Joseph's Hospital
Registration must be received seven days prior to selected training date. Complete the registration form below, detach and mail to:
**St. Joseph's Hospital, Center for Education and Development
Quest Building (Attn: Babysitter Training)
350 W. Thomas Road
Phoenix, AZ 85013**
Information: Call 1-877-602-4111

Babysitter Training Program

Select the Date _____ Saturday, September 15, 2007 _____ Saturday, April 19, 2008
_____ Saturday, October 20, 2007 _____ Saturday, May 17, 2008
_____ Saturday, November 17, 2007 _____ Saturday, June 21, 2008
_____ Saturday, January 19, 2008 _____ Saturday, July 19, 2008
_____ Saturday, February 16, 2008 _____ Saturday, August 16, 2008
_____ Saturday, March 15, 2008 _____ Saturday, September 20, 2008

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone: (_____) _____ Evening Phone: (_____) _____
Age: _____ Grade: _____ Gender: M _____ F _____
E-mail Address: _____
Emergency Contact Name: _____ Phone: (_____) _____

PERMISSION TO PARTICIPATE

I am the parent or legal guardian of _____ (Name of student) (the "Student"), who is participating in the Babysitter Training Program sponsored by St. Joseph's Hospital and Medical Center (the "Hospital") and the United Phoenix Fire Fighters Association. I give my permission for the Student to participate in the Babysitter Training Program on _____, 20__ at the Hospital's Center for Education and Development. I release the Hospital and the United Phoenix Fire Fighters Association from all claims arising out of the Student's participation in the Babysitter Training Program.

Signature _____

Date _____