

**The Medical Center
Babysitting Clinic Application**

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____ Age (11-17) _____ Sex: Male Female

T-shirt Size Preferred: (Youth Sizes) Small Medium Large

(Adult Sizes) Small Medium Large X-Large

Who to call in case of an emergency:

Name, relationship, phone number _____

I _____ will drop my child off by 9:00 a.m. and will pick up by 2:00 p.m.

Parent/Guardian Name

(If you have other pick-up arrangements, please let the clinic facilitator know.)

- TOPICS:**
- BASIC CHILDCARE
 - COOKING SAFETY
 - "CLEAR THE AIRWAY"
 - FIRST AID
 - SETTING YOUR FEES
 - MARKETING YOURSELF

I would like to sign my child up for the following class:

_____ June 9 9:00am-2:00pm

_____ June 23 9:00am-2:00pm

_____ July 7 9:00am-2:00pm

_____ July 28 9:00am-2:00pm

***All classes listed will be held at The Medical Center Health & Wellness Center**

_____ **I have enclosed a check for \$20.00 (Make check payable to: The Medical Center)**

Please return your application and payment at least one week in advance to:

The Medical Center Health & Wellness Center

(Located on outside of Greenwood Mall-Outside Entrance Only)

2625 Scottsville Road, Suite 608

Bowling Green, KY 42104

(270) 745-1010 or 1 (800) 624-2318