



The Medical Center Babysitting Clinic Application Form

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 _____

- TOPICS:**
- BASIC CHILDCARE
 - COOKING SAFETY
 - “CLEAR THE AIRWAY”

- FIRST AID
- SETTING YOUR FEES
- MARKETING YOURSELF

I would like to sign my child up for one of the following classes.

June 13 _____
July 13 _____

June 22 _____
July 18 _____

Time: 9:00 a.m. to 2:00 p.m.

_____ **I have enclosed a check for \$30.00 (Make check payable to: The Medical Center)**
Please bring a sack lunch & drink.

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

**Mail to: The Health & Wellness Center
1857 Tucker Way Suite B
Bowling Green, KY 42104**