



BABYSITTERS' SAFETY COURSE STUDENT REGISTRATION FORM

Name: _____
(Last) (First) (Initial)

Address: _____

Phone #: _____ Date of Birth: _____
(Must be 12 during year course is run)

Work #: _____ AB Health Care #: _____

Allergies/Issues to be aware of: _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT PERMISSION (F.O.I.P)

Under Alberta's Freedom of Information and Protection of Privacy Act, the Town of Hanna is obligated to protect individual privacy of participants. Please take a moment to fill out this checklist:

During the Alberta Safety Council Babysitting Course I give permission for:

_____ - staff to photograph my child

_____ - the Hanna Herald/Coffee Break to photograph my child during the program and publish the photographs

_____ - the Town of Hanna to disclose the name and phone number of my child to potential clients who request a list of graduated babysitters.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Fee: \$20 Chq Cash (GL Code 4-51-0000-280/FCSS-Youth Club)