

Safe Sitter® Essentials with CPR

OFFERED BY

**THE PARENTING CENTER AT CHILDREN'S HOSPITAL
& THE JUNIOR LEAGUE OF NEW ORLEANS**



2019 CLASS SCHEDULE

ONE-DAY PROGRAM • SATURDAY OR SUNDAY CLASSES • INCLUDES CPR TRAINING

Saturday, June 1

10:00 am - 4:30 pm

Sunday, June 2

10:00 am - 4:30 pm

Saturday, June 8

10:00 am - 4:30 pm

Sunday, June 9

10:00 am - 4:30 pm

Saturday, June 22

10:00 am - 4:30 pm

Sunday, June 23

10:00 am - 4:30 pm

Saturday, June 29

10:00 am - 4:30 pm

Sunday, June 30

10:00 am - 4:30 pm

Saturday, July 13

10:00 am - 4:30 pm

Sunday, July 14

10:00 am - 4:30 pm

Saturday, July 20

10:00 am - 4:30 pm

Sunday, July 21

10:00 am - 4:30 pm

..... **PARENTS ARE INVITED TO ATTEND THE GRADUATION CEREMONY THAT BEGINS AT 4:15 PM**



CLASS INFORMATION

Safe Sitter® Essentials with CPR teaches students in grades 6-8 life and safety skills for when they are home alone, watching younger siblings, or babysitting.

LOCATION: JLNO Headquarters • **4319 Carondelet Street** • New Orleans

CLASS FEE: **\$50 per student.** A limited number of need-based scholarships are available. For more information, call 504.896.9591.

LUNCH: Students may bring their own lunch **or** opt-in for complimentary pizza which will be provided. Indicate choice on registration form to allow for an accurate count for pizza.



REGISTRATION INFORMATION

CLASS SIZE IS LIMITED TO 24 STUDENTS • REGISTER EARLY AS CLASSES FILL QUICKLY!

EMAIL: Email completed Registration Form to **chparenting@lcmhealth.org**, THEN call 504.896.9591 immediately with credit card information.

MAIL: Mail completed Registration Form and a \$50 check payable to The Parenting Center to:
The Parenting Center, 200 Henry Clay Ave, New Orleans, LA 70118.

FAX: Fax completed Registration Form to **504.896.3965**, THEN call 504.896.9591 immediately with credit card information.

IN PERSON: Visit The Parenting Center main office at: **938 Calhoun St, New Orleans, LA.**

**Spaces can only be reserved when the completed Registration Form and fee have been received.
Registration forms received without payment will not be considered.**

All inquiries and registration materials should be directed to:

The Parenting Center at Children's Hospital

PHONE 504.896.9591 • FAX 504.896.3965

EMAIL chparenting@lcmhealth.org



Safe Sitter® Class Schedule

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Safe Sitter® Essentials with CPR

Welcome/Introduction	15 minutes
Safety Skills	30 minutes
Break	5 minutes
Child Care Skills	60 minutes
Lunch	30 minutes
First Aid & Rescue Skills	100 minutes
Break	5 minutes
Life & Business Skills	45 minutes
Challenge Accepted	25 minutes
CPR	60 minutes
Graduation Ceremony	15 minutes

6 ½ hours

Students may want to bring:

- Sweatshirt or sweater as the room can be cold
- Hair band/tie for long hair (if needed)
- Water bottle
- Snack

Safe Sitter® Registration Form Please print clearly

r _____	p _____
# _____	w _____

Class Date: _____ Student Name: _____

Parent/Guardian: _____ Parent e-mail: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____ (Parent's Cell) _____

Student Birth date: _____ * Gender: M F Name student wants to be called in class: _____

Name of School (2018-19) _____ Grade (2018-19) _____ * Grade (2019-20) _____ *

*** By the day of the class the student must be at least 11 years old OR have completed the 5th grade.**

Pizza will be available for lunch. Will your child be eating pizza, or will he/she bring their own lunch? ___Pizza or ___Bringing Lunch
If your child participates in a free or reduced price school lunch program he/she may be eligible for a scholarship to cover the \$50 class fee. Please call The Parenting Center at 896-9591 with questions and to apply.

In the Safe Sitter® course, a great deal of information is presented in a short period of time. Because we want every child to succeed in the class, we will work with you to make alternate plans if your child has difficulty keeping up. Please let us know if there is anything about your child that we should know to help your child succeed in class. If your child needs accommodations, please let us know as soon as possible.

Allergies

Does your child have any allergies such as foods or latex that we should know about? **NO** **YES**

If YES, please explain: _____

Manikin Practice

Safe Sitter® class includes practice of rescue skills on CPR manikins. Manikins require strict standards for controlling infection.

I agree not to send my child to class if he/she has a contagious illness including rash.

I give permission for my son/daughter to practice on the manikins.

YES

YES

Emergency Medical Permission

In the event of a health emergency, I authorize **Junior League of New Orleans** to take my child to **Children's Hospital** and seek emergency care. In the event of any accident or health problem which may require the attention of a physician, I may be contacted at (phone) _____. If I am not available, _____ may be contacted at (phone) _____ and is authorized to act on behalf of my child.

Other Terms and Conditions

- I will take all responsibility for deciding whether my child is capable and mature enough to babysit.
- I understand the importance of having my child attend each class session and arrive on time.
- The teaching site reserves the right to decline the application of any student, or send home any student, who, according to the site's discretion, is disruptive or puts him/herself or others at risk.
- I, the undersigned, consent to the use, reproduction and publication by Safe Sitter, Inc. and/or The Parenting Center and/or The Junior League of pictures or recordings taken of my child during the program for publicity purposes.
- **Acknowledgement of Risk of Injury/Release and Waiver.** I acknowledge and understand that there may be a risk of injury involved in the activities that my child will engage in during the program. In consideration of my child's participation in the program, I hereby agree to release, waive, hold harmless, and shall indemnify Safe Sitter, Inc. and The Parenting Center at Children's Hospital and The Junior League of New Orleans and their respective employees, members, officers and other staff members from liability to us and our child for any and all claims.
- I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its meaning and significance.
- I, the undersigned, hereby certify that to the best of my knowledge, my child is able to safely participate in the program activities for which he or she has been registered.
- By submitting this registration form I agree to the terms listed above and provide my signature as proof of acceptance.
- I consent and authorize The Parenting Center at Children's Hospital to submit the name and address of my child to Safe Sitter, Inc. I understand that Safe Sitter, Inc. will not sell, share or trade this information with other organizations.

Signature of parent/guardian

Date

Mail to: The Parenting Center, 200 Henry Clay Ave, New Orleans LA 70118

Drop off: The Parenting Center, 938 Calhoun St, New Orleans

E mail to: chparenting@lcmchealth.org

Fax: (504) 896-3965

Phone: (504) 896-9591

Payment of \$50 per student must accompany this registration form