

Weston Youth Services...2010-2011

Is pleased to offer our popular...

**Sitter Safety Course For Students in**

**6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grades!**

**Registration is on a first-come, first-served basis.**

**Time:** 2:30p.m. -3:45 p.m. (There will be three 5-week sessions to choose from.)  
**Fee:** \$ 60.00, which includes all course materials, final exam, and guest speakers  
**Office Policy:** Once a session starts, we cannot issue refunds or credits. (Financial aid available.)

**Registration begins Monday, September 13<sup>th</sup> for all Sessions! Parents must sign the permission slip allowing their child to attend the class. Please return the completed form, permission slip, and check, made payable to Town of Weston, to the Sitter Safety Box located in the Middle School front office, or mail to: Weston Youth Services, PO Box 1007, Weston, CT 06883.**

**Att: Charlene Monn Don't delay, sessions fill quickly!**

**Location:** Middle School, Room # H-8 (Health Room)  
**Instructor:** Julia Braden

**Session I:** Wednesdays, October 13<sup>th</sup> - November 10<sup>th</sup>

**Session II:** Wednesdays, January 12<sup>th</sup> - February 9<sup>th</sup>

**Session III:** Wednesdays, March 9<sup>th</sup> - April 6<sup>th</sup>

Each course will cover the following:

- What makes a good babysitter?
- How can one prepare for the job?
- Infant and Toddler Child Care
- Emergency Situations
- First Aid and Fire Safety
- Child Development

Each session will include a visit from a member of the Weston Police Department, an EMT volunteer, and/or a child psychologist.

There are three requirements to pass the Sitter Safety Course in order to receive a certificate:

1. Completion of attendance at all 5 sessions (unless parents notify course instructor of student's illness)
2. Successful completion of a written final exam.
3. Supervised baby-sitting with the return of a completed "in-service questionnaire form", signed by the parents for whom the student has sat.

Parents must sign the permission slip allowing their child to attend the class.

Call Charlene Monn, Weston Youth Services, 222-2586 or email: [cmonn@westonct.gov](mailto:cmonn@westonct.gov) with any questions.

---

**Sitter Safety Course Permission Slip**

---

Please check session you want to attend... (Please provide 1<sup>st</sup> and 2<sup>nd</sup> choices)

**Session I:** \_\_\_\_\_  
(Oct. 13th-Nov. 10th)  
Wednesdays

**Session II:** \_\_\_\_\_  
(Jan. 12th-Feb. 9th)  
Wednesdays

**Session III:** \_\_\_\_\_  
(Mar. 9th-Apr. 6th)  
Wednesdays

(6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> grades)

(6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> grades)

(6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> grades)

I give permission for my child to attend the Sitter Safety Course

Name: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_ (please write neatly)

Please make check payable to: TOWN OF WESTON for \$ 60.00

I understand the nature of this program and give permission for my child to participate. The undersigned agrees to hold harmless the Town of Weston, its employees or agents for any accident or injury or other claim or loss or damage incurred by my child while participating in the Sitter Safety Program sponsored by Weston Youth Services.

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

**You will be notified by e-mail!**

