

# BABYSITTER PROGRAM REGISTRATION FORM - 2022



Upon payment completion, please send this form to: [tlynch@beebehealthcare.org](mailto:tlynch@beebehealthcare.org)  
Each registrant will need their own form completed

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Parent/Guardian Name & Phone Number:

\_\_\_\_\_

In Case of Emergency on the day of the class, Notify (Name and Phone Number):

\_\_\_\_\_

Important medical conditions and/or food/drug allergies:

\_\_\_\_\_

**Please provide email address so we can confirm the registration:**

\_\_\_\_\_

Date you wish to attend \_\_\_\_\_

Once this form is emailed to [tlynch@beebehealthcare.org](mailto:tlynch@beebehealthcare.org), an email with course information and reminders will be emailed to the provided email above.

Any questions or concerns, please call the SON at  
302-645-3251