

**The Medical Center  
Babysitting Clinic Application**

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 X-Large**

**(Adult Sizes) Small Medium Large X-Large**

Who to call in case of an emergency:

Name, relationship, phone number \_\_\_\_\_

I \_\_\_\_\_ will drop my child off by 9:00 a.m. and will pick up by 2:00 p.m.

Parent/Guardian Name

(If you have other pick-up arrangements, please let the clinic facilitator know.)

- TOPICS:**
- BASIC CHILDCARE
  - COOKING SAFETY
  - "CLEAR THE AIRWAY"
  - FIRST AID
  - SETTING YOUR FEES
  - MARKETING YOURSELF

I would like to sign my child up for the following class:

\_\_\_\_\_ June 9 9:00am-2:00pm

\_\_\_\_\_ June 23 9:00am-2:00pm

\_\_\_\_\_ July 14 9:00am-2:00pm

\_\_\_\_\_ July 28 9:00am-2:00pm

**\*All classes listed will be held at The Medical Center Health & Wellness Center**

\_\_\_\_\_ **I have enclosed a check for \$20.00 (Make check payable to: The Medical Center)**

**Please return your application and payment at least one week in advance to:**

**The Medical Center Health & Wellness Center**

**(Located on outside of Greenwood Mall-Outside Entrance Only)**

**2625 Scottsville Road, Suite 608**

**Bowling Green, KY 42104**

**(270) 745-1010 or 1 (800) 624-2318**