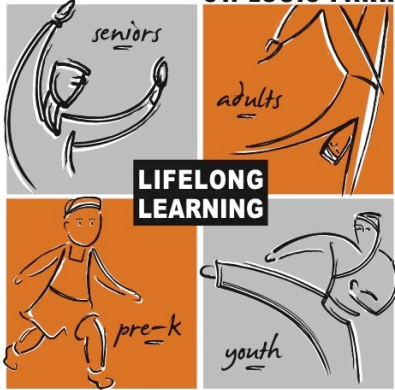


ST. LOUIS PARK



# Youth Enrichment

www.slpcommunityed.com  
952-928-6425

**Register *today*, space is limited!**

## COMMUNITY EDUCATION

### Red Cross Babysitter Training & CPR Certification Ages 11 & Up

Learn skills to help you become a confident and self-reliant babysitter. Topics include: child development, First Aid, infant care, dealing with emergencies and planning children's activities. You'll receive vital CPR skills, a babysitting guidebook and a certificate of completion. Certified Red Cross instructor Kate Olson will teach this class. **Bring a lunch to each session!**

#### Y536

Saturday Jan. 30-Feb. 6 9 a.m.-3 p.m.  
JH Media Ctr 2 Sessions \$89

#### Y537

Saturday March 13- March 20 9 a.m.-3 p.m.  
JH Media Ctr 2 Sessions \$89



Participant Name \_\_\_\_\_

Parent/Adult \_\_\_\_\_

DOB \_\_\_\_\_ M \_\_\_ F \_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Class Title: **Red Cross Babysitter Training** Class # \_\_\_\_\_ Fee **\$89**

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Special Needs/Allergies \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please enclose a check, payable to ISD #283, or fill out credit card information below:

Visa/MC/Discover # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

#### PERMISSION AND WAIVER

I hereby agree to allow my child, and/or myself to participate in the above named St. Louis Park activity. In consideration of you accepting this registration, I hereby, for myself and my heirs, waive any and all rights and claims for damages I may have against ISD #283 or the City of St. Louis Park and its representatives, for any and all injuries from whatever cause suffered by the above participation in the indicated activity. In case of an emergency, the staff has my permission to use their judgment with regard to treatment until I can be contacted. I also understand that the information that I have provided will be distributed to individuals involved with each Community Education program. Pictures are often taken of participants enjoying their activities. These are used for program promotion, scrapbooks and staff training. I grant permission to use the name, pictures and quotes of my child(ren) for the above purposes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fax to:** 952-928-6447 **Register online:** www.slpcommunityed.com **Mail:** 6715 Minnetonka Blvd. SLP, MN 55426  
**Drop the form off:** at Community Ed Office at Lenox or Central **Questions?** Call Karin at 952-928-6425