

Babysitting 101 Plus

Sibling Registration Form

Date of Class: _____

Student: Name: _____ Male ___ Female ___
Current or Rising Grade: _____ School: _____ CPR Card? _____

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Student: Name: _____ Male ___ Female ___
Current or Rising Grade: _____ School: _____ CPR Card? _____

Amount Paid Today: Number of students being registered: _____

Payment in Full: \$112.50 per student: \$ _____

OR **Deposit only:** \$30 per student: \$ _____ (balance due 5 days before class)

AHA CPR Cards (Optional: \$25 Each) \$ _____

Payment Method: (Send payment immediately after submitting form to secure spot in class)

Electronically:

_____ **PayPal** to 678-367-1452 _____ **Venmo** to @Barri-Zehner _____ **Apple Pay** to 678-367-1452

Amount Sent: \$ _____ Date Sent: _____

Name on Payment Account: _____

Credit Card:

Card # _____

CVV Code: _____ Expiration _____ Card Billing Zip Code: _____

Parent: Name: _____ Cell: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please Answer:

1. Allergies: _____

2. May your child's picture be used in publicity advertising for this class? YES _____ or NO _____

3. How did you hear about Babysitting 101 Plus _____

I have read & understand "The Class" document dated: _____.

Parent /Guardian Signature _____ (typed name serves as signature)

E-mail completed form to: babysitting101plus@yahoo.com

SEND ELECTRONIC PAYMENT NOW