

Babysitting 101 Plus

Individual Registration Form

Date of Class: _____

Student:

Name: _____ Male _____ Female _____

Current/Rising Grade: _____ School: _____

Are you purchasing the AHA CPR Card for this student? Yes _____ No _____

If so, Name as it should appear on card: _____

Amount Paid Today: (Full or Deposit Only)

_____ **Payment in Full:** _____ \$120 (Class Only) OR _____ \$145. (Class & Card)

_____ **Deposit Only:** \$30 (Balance due 5 days before the class)

Payment Method:

Electronically (check one):

_____ 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: # _____

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

Parent Info:

Name: _____ Cell: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please Answer:

1. Allergies: _____

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

3. How did you hear about Babysitting 101 Plus _____

*** I have read & understand the documented title The Class, dated _____,**

*** Signed:** _____ typed name acts as signature

Save completed form & email to: babysitting101plus@yahoo.com