



CAMP FIRE ONEIDA

I'M TAKING CARE

BABYSITTER CERTIFICATION CLASS



I'm Taking Care is a Camp Fire Self-Reliance babysitting program for boys and girls at least 11 years old, in fifth through eighth grades.



This course prepares fifth and sixth graders to be babysitters and helps older youth develop and refine their babysitting skills. Through a combination of mini-lectures, demonstrations and hands-on exercises, young babysitters will learn basic care skills, safety measures, ways of playing with children in responsive ways and job ethics.



I'M TAKING CARE Class Details:

- * Open to Boys & Girls 11 and up
- * **\$30** Total Program Fee
- * Fees Include: Workbook, All Supplies, Lunch or Snack (depending on class time), and Certification Card
- * Class sizes are limited, enrollment on a first come, first served basis.

I'M TAKING CARE Teaches:

- * Professional & Responsible Behavior
- * Fun and Engaging Kids Activities
- * Parenting and Child Care Skills
- * First Aid Basics
- * Safety & Accident Prevention
- * Emergency Plans and Procedures

Northwoods Winter Class Schedule

Rhinelanders	Saturday, December 2nd	1 PM - 3 PM
Minocqua	Saturday, December 9th	10 AM-3 PM

Contact our office for additional class dates.

COMPLETED REGISTRATION & \$30 FEE GUARANTEES A PLACE AND MUST BE RECEIVED BEFORE ATTENDING CLASS!

SEND REGISTRATION AND PAYMENT TO:

Camp Fire Oneida Council
315 S Oneida Ave. Suite 201
Rhinelanders, WI 54501

FOR MORE INFORMATION: Call our Rhinelanders office: (715) 362-3513 or email: campdirector@campbirchrock.org





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PROGRAM REGISTRATION



Class Information

Please check the class you wish to attend.

✓	CITY/DATE	TIME	LOCATION	ADDRESS
	Rhinelanders	1PM-6PM	Curran School Building	315 S. Oneida Ave
	Minocqua	10AM-3PM	AmericInn	700 Old Hwy 51

Participants asked to bring baby sized doll if available.

Participant Information

Participant Name: _____ Age: _____ Sex: (circle one) M F
 Parent/Guardian Name: _____ E-mail: _____
 Home Phone: _____ Work/Cell: _____
 Address: _____
 Alternate/Emergency Contact: _____ Relationship: _____
 Home Phone: _____ Work/Cell: _____

Program Waiver of Liability

- * I give permission for my child to participate in the "I'm Taking Care" Program administered by Camp Fire USA Oneida Council, Inc.
- * I waive any claims against Camp Fire USA Oneida Council, Inc which may arise from my child's participation in the "I'm Taking Care" Program.
- * I give permission to Camp Fire USA Oneida Council, Inc to transport my child in any case where transport is required to seek medical attention.
- * I give permission for my child's picture to be used by Camp Fire USA Oneida Council Inc. Use of such pictures may include, but are not limited to the following:
 - Promotional brochures, videos or internet web sites
 - News outlets reporting on Camp Fire USA programming
- * I understand that in order to provide a safe and cooperative group experience, my child may be dismissed from the program for reasons including, but not limited to the following:
 - Inappropriate behavior
 - Failure to comply with rules and regulations
 - Illness or injury

Parent or Legal Guardian Signature

Participant's Name

Parent or Legal Guardian Name(Please Print)

Date Signed (MM/DD/YYYY)