



Smart Sitter

SmartSitter is a hands on, safety based program designed to teach young people, ages 11 to 16, the many skills of becoming a great babysitter. SmartSitter's extensive curriculum, taught by registered nurses, covers the care of infants through school age children (diapering, feeding, playtime activities, etc.), basic first aid, handling choking emergencies, fire safety and prevention, the business of babysitting and safety for the sitter. Students receive a SmartSitter manual complete with family emergency forms, plus a SmartSitter certificate of completion. SmartSitter graduates leave the program with a wealth of knowledge plus the confidence to be the best babysitter in your community.

Sessions to be held at the Prince Rodgers Baseball Complex Field House – Prince Rodgers Ave - Bridgewater on Saturday, October 16, 2010 or Saturday, February 26, 2011 from 9:00am to 3:00pm. Pick a session – only one session per participant.

Cost \$45.00, checks made payable to "SmartSitter" and mailed to Smart Group, Inc. P.O. Box 232 Annandale, NJ 08801. Space is limited. Any questions regarding the program, contact Sharon Holmsborg at (908) 713-6327 or Holmsborg@earthlink.com.

Sponsored by...
Bridgewater Recreation Department 100 Commons Way – Bridgewater, NJ 08807 (908) 725-6373
office hours 9am to 5pm Monday to Thursday & 8am to 5pm on Fridays www.bridgewaternj.gov.

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Smart Sitter 2010-2011

\$45.00 check payable to "SmartSitter"; sorry, no cash payment accepted

Last Name: _____ First Name: _____

Mailing Address: _____ Town: _____ Zip: _____

Home Phone #: () _____ Work Phone #: () _____

Cell Phone #: () _____ Email Address: _____

Date Of Birth: ___/___/___ Age: ___ Grade: ___ Gender: male or female



If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations. « Yes, I will need to be notified regarding special considerations for my child.

Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

_____/_____/_____
_Parent Signature Date

Send registration form and payment to:
Smart Group, Inc. P.O. Box 232 Annandale, NJ 08801

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ü Session: q October 16, 2010 q February 26, 2011
