



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.

This program will be held in the meeting rooms at the Bridgewater Municipal Complex, 100 Commons Way (conference rooms A & B) on **Saturday, March 26, 2016 from 9:00am to 3:00pm.**

Cost \$55.00, checks made payable to "SmartSitter" and mailed to Smart Group, Inc. P.O. Box 232 Annandale, NJ 08801. Space is limited. For any questions regarding the program, contact Sharon Holmsborg at (908)303-6560 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.

Smart Sitter 3/26/16

\$55.00 check payable to "SmartSitter"; mail to P.O. Box 232, Annandale, NJ 08801
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
Circle

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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