



The Medical Center Babysitting Clinic Application Form

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____ Age (11-17) _____ Sex: Male Female

T-shirt Size Preferred: (Youth Sizes) Small Medium Large

(Adult Sizes) Small Medium Large X-Large

Who to call in case of an emergency:

Name, relationship, phone number _____

- TOPICS:**
- BASIC CHILDCARE
 - COOKING SAFETY
 - “CLEAR THE AIRWAY”

- FIRST AID
- SETTING YOUR FEES
- MARKETING YOURSELF

9:00 a.m. to 2:00 p.m.

June 7 _____

June 21 _____

**NEW Location: The Medical Center – WKU Sciences
Complex, 700 First Ave. Bowling Green, KY 42101**

_____ **I have enclosed a check for \$30.00 (Make check payable to: The Medical Center)**

Bring your own lunch and drink!

Please return your application and payment at least one week in advance.

**Mail to: The Health & Wellness Center
720 Second Ave., Suite 103
Bowling Green, KY 42101**