

Safe Sitter

Central Montana Medical Center

“Better Sitter Today...Better Parent Tomorrow!”

Registration and Welcome

Babysitting as a Business

Success on the Job

Child Care Essentials

Safety for the Sitter

Break (Snack)

Fire Safety – Guest: Lewistown Fire Chief

Preventing Injury & Injury Management

Preventing Problem Behavior/Behavior Management

Lunch (Students make Sub-Sandwiches)

Discipline – Guest: Certified Social Worker/Counselor

Video – Red Cross

Child Rescue Breathing & Infant Rescue Breathing

Choking Child Rescue & Choking Infant Rescue

First Aid/911 Emergency – Hands-on Bandaging Skills

Break (Students make homemade Ice Cream)

Family Guests – Student/Guest Interview

Certificates!!

SAFE SITTER

June 2017

Dear Safe Sitter Participant,

We are looking forward to meeting you and having a great day of learning and fun at the upcoming **Safe Sitter** class! We will begin the class at **9:00 am, Wednesday, June 6 and will finish up at 4:30 p.m.** The class is located at the hospital in conference room I, located next to the cafeteria in the basement. You can enter the Fitness Center door by the old emergency room entrance; the staircase is immediately on your right to find your way to the basement.

Morning snack, lunch, and homemade ice cream (made by you!) will be provided by Central Montana Medical Center. Very cool workbooks will be distributed to you in class. The only thing you need to bring is a sweatshirt –sometimes the air conditioning can be cool, or we may take a break outside during lunch to stretch and hopefully enjoy some sunshine.

Please find enclosed a registration form. Please bring this form with you the day of the class, including the \$15 fee. CMMC Safe Sitter teaching site has a scholarship program based on financial need –just have your parent/ guardian call me 😊.

I would like to refer you to the Safe Sitter web site www.safesitter.org, an excellent source!

Our Safe Sitter class is always full with a waiting list for next year. If you plan NOT to attend the class, please call me at 535-6309, so that I can register others on our waiting list.

I look forward to meeting you – see you soon!

Ann Tuss
Safe Sitter Coordinator
CMMC

Denise Seilstad
Safe Sitter Coordinator
MSU-Fergus Co. Extension Service

PS – Don't forget to have your parent/guardian sign the enclosed registration form for privacy/photo purposes! Thank you.

Enclosed: Safe Sitter Registration Form and Class Agenda

SAFE SITTER REGISTRATION FORM

**Bring this Completed Form &
Registration Fee the Day of the
Class or Mail To:**

Ann Tuss
CMMC
408 Wendell Ave
Lewistown MT 59457

Where: Central Montana Medical Center – Conference Room 1

Time: 9:00 am to 4:30 pm **June 6**

Cost: \$15 (includes workbook, lunch and snacks)

Student Name: _____ **Age:** ___ **M** ___ **F** **Grade:** _____

Parent/Guardian: _____

Parent/Guardian Address: _____

Phone (home): _____ **(work)** _____ **(cell)** _____

Mannequin Practice

The Safe Sitter class includes practice of rescue skills on CPR mannequins.

I give permission for my son/daughter to practice on the mannequins. ___ **Yes** ___ **No**

Emergency Medical Permission

In the event of a health emergency, I authorize Central Montana Medical Center staff to take my child to Central Montana Medical Center emergency room and authorize treatment by the doctor on call. **In the case of an emergency and I am not available, please contact the following person** _____ **phone** _____.

Name/Photographic Release

I consent and authorize Central Montana Medical Center to use and reproduce photographs taken of my child during Safe Sitter class for marketing and publicity purposes, this includes social media, i.e. Facebook and Twitter. ___ **Yes** ___ **No**

For CMMC HIPPA reason, student's name will not be publicized on photograph.

Safe Sitter Name and Phone Number Release

I consent and authorize *Montana State University Extension Agent: Denise Seilstad* (Safe Sitter Instructor) to give my name and phone number to public persons seeking babysitters. ___ **Yes** ___ **No**

Signature of Parent/Guardian: _____

Date: _____

***Please bring this completed form with you along with fee the day of the class.**