



Bozeman Deaconess
HOSPITAL

1600 Ellis Unit 1A · Bozeman, MT 59715 · (P) 406-587-7786 · 800-962-0418 · (F) 406-587-1682

Supersitter Registration Form

Please fill out this form and return to Child Care Connections with payment of **\$35** made out to Child Care Connections to register. Child Care Connections is asking that all attendants of our Supersitter class guarantee their place with a registration form and pre-payment. This helps us to ensure that we have adequate materials and meal count for you. Please feel free to call if you have any questions or need special arrangements.

Feel free to copy and re-use this form as needed.

Student Name: _____ Date of Birth _____

Parent Name: _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email _____

Allergies or Accommodations Needed _____

These are the available classes for 2011. Please mark your first, second and third choices. The first 12 students to register AND pay will be guaranteed a spot in their class of choice.

- _____ January 22, 2011
- _____ February 26, 2011
- _____ April 30, 2011
- _____ June 14, 2011
- _____ July 19, 2011
- _____ August 18, 2011
- _____ September 24, 2011
- _____ October 15, 2011
- _____ December 3, 2011

***Due to the high demand for this class and the large volume of students turned away, we cannot refund or reschedule your child(ren) without a 24 hour advance notice of cancellation.**

You will be registered upon receipt of this form and your payment. We look forward to seeing you at our class!

For Child Care Connections Staff Use Only:

Date Received: _____ Cash / Check # _____ Amount _____