



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 16, 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 \_\_\_\_\_