

Babysitters College Application for Enrollment

Name: _____ Age: _____ Date of Birth: _____

Address: _____
Number & Street City State Zip

- ✓ I understand that I must provide transportation for my child.
- ✓ Lunch and snacks will be provided both days.
- ✓ Child **must attend both days** to receive a certificate of completion.
- ✓ Your child is accepted into the college **unless** you hear from us.
- ✓ There must be a **minimum** of eight enrollees or the college will be **cancelled**.

_____ I hereby give permission for the above named child to attend the Chickasaw Nation Health System's Babysitters College 2009.

_____ I also give permission for my child's picture to be used on the Chickasaw Nation Website, in the Chickasaw Times and by other media who may cover the Babysitters College.

Parent/Legal Guardian

Date

Emergency contact number: _____

Please return application to the Behavioral Health Department, located at the Carl Albert Indian Health Facility, 1001 N. Country Club Road, Ada, OK 74820.

Only the first 25 applicants will be accepted due to limited space. Deadline for enrollment is June 9, 2009, or after the first 25 applications are received, whichever comes first.

The college will be held on Thursday, June 11 and Friday, June 12 in the main conference room at Carl Albert Indian Health Facility, 1001 N. Country Club Road, Ada.

For more information, call Deanna Carpitche at (580) 421-4591.

Please leave cell phones, large amounts of money or any other valuables at home.