



## B.L.A.S.T. INFORMATION

### **Program Description:**

Are you ready to begin babysitting? Whether you're just starting out or have already begun babysitting, you're a perfect candidate for the Babysitter Training Workshop. Students will learn the ins and outs of being a sitter parents will invite back.

Upon successful completion of the B.L.A.S.T. workshop students will receive a certificate of completion recognized by the *American Academy of Pediatrics*.

### **Topics:**

- Getting the Job/Asking for the right Pay/Accepting the Assignment
- Basic Baby Care (diapering, feeding, burping, holding, etc.)
- Medical Emergencies (choking, minor scrapes, cuts, open wounds, breathing difficulties, diarrhea)
- Household Emergencies (calling 911, Strangers at the door, Home Alone, Scary Sounds, etc.)
- Foods and Snacks
- Behavior Management
- Child Development
- Creative Activities

### **Location:**

The Sanz Banquet Hall  
815 Allerton Ave., Bronx, New York 10467

### **Workshop Date & Times:**

Monday, February 20, 2017 9:00am – 4:00pm

Sessions may run a little later depending upon student participation, class discussion and student involvement.

### **Course Requirements:**

- \*Students must arrive on time
- \*Students must attend the entire workshop
- \*Students must participate in all parts of the workshop
- \*Students must exhibit a respectful, dedicated, mature, and helpful demeanor
- \*Students must successfully pass all observable skills and written worksheets
- \*Full payment must be paid prior to starting the workshop
- \*Students must bring a baby doll, 1-diaper, 1-baby doll bottle, baby serving spoon & bowl, 1 baby doll Outfit
- \*Students must come expecting to have a BLAST

### **Course Fee Includes:**

- \*Full workshop
- \*Educational materials
- \*Tote bag
- \*Breakfast
- \*Lunch
- \*Workshop certificate



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## REGISTRATION FORM

Please complete and return this form with your payment to Talitha Cumi Urban Etiquette and Leadership Academy site office 815 Allerton Ave., Bronx NY 10467. Payment may be remitted in Cash, Check or Money Order. Pre-registration and pre-payment guarantees your seat

Student's Name: \_\_\_\_\_

Student's Age: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Student is a current member the Talitha Cumi Urban Etiquette & Leadership Academy \_\_yes \_\_no

\_\_Workshop fee is \$25.00 for TCUELA members.

\_\_Workshop fee is \$35.00 for non-members.

Payment Amount: \_\_\_\_\_ Cash    Check #    Money Order #

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*Talitha Cumi Urban Etiquette & Leadership Academy*

718-530-8935

LadyPamela@TalithaCumiAcademy.org

www.TALITHACUMIACADEMY.org

**B.L.A.S.T.**

**CONSENT FORM**

Talitha Cumi Urban Etiquette and Leadership Academy (TCUELA) is offering \_\_\_\_\_ the opportunity to participate in our Babysitter Lessons and Safety Training (B.L.A.S.T.) workshop approved by the American Academy of Pediatrics.

Where \_\_\_\_\_ When: \_\_\_\_\_

I, \_\_\_\_\_ agree to follow all the rules and regulations set forth by the Director of the Talitha Cumi Urban Etiquette and Leadership Academy in participating in the B.L.A.S.T. workshop.

**EMERGENCY INFORMATION**

In the event of an accident/emergency, I hereby authorize the personnel and representatives of Talitha Cumi Urban Etiquette and Leadership Academy to secure any necessary medical treatment for my child and I hereby release and agree to indemnify and save harmless Talitha Cumi Urban Etiquette and Leadership Academy Director, Personnel, Mentors and or Representatives from all liability in the performance of their duties and in securing emergency medical treatment.

List any medical conditions or allergies your child has: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Emergency Contacts:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**PHOTO RELEASE**

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ hereby authorize and consent to the use of his/her visual image by Talitha Cumi Urban Etiquette and Leadership Academy for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ (in case we need to contact you)