



The Land of Nod Child Care Center Baby Sitter Boot Camp Registration

Today's Date _____

About You

First Name	M.I.	Last Name	Preferred Name	M/F
Date of Birth		School Attending	Teacher	Grade
Street Address		City	State	Zip
Phone #	Cell #		Yes No Will you be bringing a friend?	

About Your Family-Parent/Guardian Information

First Name	M.I.	Last Name	First Name	M.I.	Last Name
Home #	Cell #	Work #	Home #	Cell #	Work#
Place of Work		Occupation	Place of Work		Occupation
Street Address		City	Street Address		City
State		Zip	State		Zip

Additional Information

How often have you babysat in the past?

Please rank your reasons for attending Baby Sitter Boot Camp:

1 = Very Excited

6 = Not As Excited

CPR/First Aid	1	2	3	4	5	6
Job Experience	1	2	3	4	5	6
Business Cards	1	2	3	4	5	6
Babysitter Survival Kit	1	2	3	4	5	6
Referrals	1	2	3	4	5	6
Fun With Friends	1	2	3	4	5	6

Would you like to receive job referrals after graduation?