Babysitting Course

This course is designed for those potential babysitters ages 11-15, who will be caring for children of all ages. As their responsibility is tremendous, they must learn skills necessary for the safe care of those in their care.

Topics included in the classes are verbal contracts, child development, and home safety and accident prevention and the management of mealtime, bedtime and discipline.

Classes are held on two consecutive Saturday mornings from 9:00am to 12:00pm (first week) and 9:00am to 12:30pm (second week) and you are required to attend both classes in order to receive your completion certificate.

Location: Margaret Stone Conference Room at Morton Hospital (88 Washington Street, Taunton).

The total fee is $10.00 per babysitter and pre-registration and prepayment in advance is required prior to the class. NO registrations accepted at the door. THIS REGISTRATION FEE IS NOT REFUNDABLE

If you have any further questions, please call (508) 828-7777.

**2017 Dates**

February 4th & February 11th  
June 17th & June 24th  
October 28th & November 4th  
April 22nd & April 29th  
August 5th & August 12th
Babysitting Registration Form
Morton Hospital

Instructions: please complete the information requested below. You must send the registration fee of $10.00 for the course required along with this form. **You will not be able to attend the class unless this form is completed and the course is paid in full.**

Register today, space is limited. No registrations accepting at the class. Thank you.

Checks should be payable: Morton Hospital.

PLEASE NOTE: THE CLASS FEE IS NON-REFUNDABLE.

Please mail to: Morton Hospital
Childbirth Education Department
88 Washington Street
Taunton, MA 02780

Name: __________________________________________ Male ________/ Female_______

Address:______________________________________________________________

City/State/Zip:_________________________________________________________

Telephone:____________________________________________________________

Email: _______________________________________________________________

Date of Birth:__________________________________________________________

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**2017 Dates**
(Please circle your choice.)

February 4\(^{th}\) & February 11\(^{th}\)        April 22\(^{nd}\) & April 29\(^{th}\)
June 17\(^{th}\) & June 24\(^{th}\)        August 5\(^{th}\) & August 12\(^{th}\)

October 28\(^{th}\) & November 4\(^{th}\)

If you have further questions, please call Morton’s Health Services Referral Line at (508) 828-7777. Thank you.