

Portland Parks and Recreation

265 Main Street; PO Box 71

Portland, CT 06480

(860)- 342-6757 (860)-342-6763 FAX

PRESENTS

American Red Cross

AMERICAN RED CROSS “WHEN I’M IN CHARGE”

“When I’m In Charge” is designed for youth between the ages of 7 and up. The program gives youth increased confidence and the ability to feel safe and in control when home alone, by teaching them to act safely, think responsibly, and be independent decision makers. Topics include:

- Answering the door or telephone
- Internet Safety
- Gun Safety
- Who and When to call in an emergency

Each child will receive:

- Student workbook which includes
 - Emergency information sheet
 - House rules form
 - How to call 911 card



Day: Friday Date: Oct. 13 Fee: \$30
Time: 5:30 – 7:30 pm Age: 7 years old and up Site: Buck Foreman Comm. Ctr.

AMERICAN RED CROSS “BABYSITTING COURSE”

Provides youth (ages 11 - 15) who are planning to babysit with the knowledge and skills necessary to safely and responsibly give care for children and infants. This training will help participants to develop leadership skills, learn how to develop a babysitting business, choose safe and appropriate toys and games, diapering, bedtime, keeping themselves and others safe and help children behave. They will also learn about basic child care and basic first aid. A great way to get your teen ready for a baby-sitting job!

Day: Mon. & Tue. Date: Nov. 20 & 21 Age: 11 – 15 years old
Time: 12:15 to 2:45 p.m. Fee: \$55 Site: Buck Foreman Comm. Ctr.

PORTLAND PARKS AND RECREATION

Po Box 71, 265 Main Street, Portland, CT 06480 Phone: 342-6757 Fax: 342-6763
www.portlandct.org

Participant's Name: Phone Number:

Street Address Apt. # Town: Zip Code:

Male: Female: Date of Birth School Grade:

Under 18 years old, please fill in parent information

Mother's Name Father's Name

Home Number E-mail Address:

Mom's Work Phone: Dad's Work Phone:

Mom's Cell Phone: Dad's Cell Phone:

If a parent is not available:

Emergency Contact: Relationship:

Home Phone # Work Phone: Cell Phone #

Child's Physician: Phone #:

* If there are any medical concerns or allergies that we should be aware of, please list below:

In case of an emergency, may we transport via ambulance? Please circle: Yes No

Please list anyone who does not have permission to pick up your child (If this is a biological parent, a copy of the court order must accompany this form).

I give the Portland Parks and Recreation Dept. permission to use any photographs taken during the program to be used in any advertising, i.e. web site, program literature: Yes No

Table with 3 columns: Program(s), Date & Time, Fee. Rows 1 and 2.

TOTAL:

I hereby agree to hold harmless the Town of Portland and its agents for any accidental injury caused by participation in any Town of Portland sponsored activities. In signing this form, it is understood that Portland Parks and Recreation Department and the Town of Portland DO NOT assume responsibility for accidents and the participant(s) agree(s) to abide by all rules and regulations set by the Portland Parks and Recreation Department.

If under the age of 18 years old, please have parent or guardian sign;

Participant: (Print Name) (Signature) (Date)

