CITY OF FLORENCE KENTUCKY®

SAFE SITTER®

# REGISTRATION FORM

Class Date(s) Saturday, May 15, 2010

Student Name _____

Birth date _____ * M____ F____ Grade _____ Name student wants to be called in class: _____

**Student must be at least 11 years old.*

Parent/Guardian _____ Phone (Home) _____

Parent/Guardian Cell _____ Phone (Work) _____

Address _____ City: _____ State: ___ Zip: _____

Parent/Guardian Email |___|___|___|