

TRAILS Prevention Program
Oneida Social Services Bld.
Green Bay, WI 52304-1344
Main # (920) 490-3700 Fax (920) 490-3820

**TRAILS Babysitting Group
Registration Form**

Print Name _____ **Birthdate** _____ **Age** _____

Address _____

City/State/Zip _____

Home phone # _____ **Parent/Guardian Wk ph** _____ **Ext** _____

Parent/Guardian name (print) _____

Signature of Parent/Guardian

Date

If you would like for the TRAILS Prevention Program to add your child's name to our list of Trained Babysitters to post in the community for prospective employers, please fill out the bottom part of this form.

TRAILS Program Babysitters Parental Permission Form

Sitter Name _____ **Age** _____ **Birthdate** _____

Address _____ **Phone#** _____

Landmark or nearest cross street _____

I give my permission to the TRAILS Prevention Program to give my child's name as a prospective babysitter to anyone that calls the office asking for a trained sitter. I understand that it is my responsibility to screen prospective employers.

Signature of Parent/Guardian

Date