



Pretty SAFE Enterprises  
14 Bocker Place  
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Dear Parent or Guardian

Congratulations on enrolling your child in the Canadian Red Cross STAY SAFE Course. The STAY SAFE Course offers basic first aid and safety skills for youth 9-13 years old. Participants learn about being safe when they are without the direct supervision of a parent, guardian, or trusted adult, both at home and in their communities. The course is a nationally recognized program designed to help course participants develop self-assurance, knowledge, and skills required to stay at home alone. These are important tools for your child to have as they begin to build invaluable skills for a lifetime. Thank you for reviewing the following information with your child.

The STAY SAFE Course information is as follows: Must be 9 or have completed grade 3.

**Date of course:** 25 November 2018 Sunday

**Time of course:** 8:30 AM to 4 PM

**Length of course:** 7.5 Hours LUNCH 12 – 1 O'clock

**Location:** Holyrood Community Centre

**Facilitator's Name:** Steve Moore

**Dress (for participant):** Long Pants/ Leggings please

**COST:** \$40.00 tax included Lunch Provided

Materials participant needs to bring: Snacks, and water.

Your child will cover:

The importance of responsibility and respect while being accountable for yourself, The importance of setting and following safety rules when on your own, How to stay safe at home and within the community, How to prepare for, recognize and respond to unexpected situations (e.g., inclement weather, strangers, and unanticipated visits) and Basic first aid skills

Your child will receive a workbook and a participant award provided that the following criteria have been met by the end of the course:

- Attendance and participation at all course sessions
- Demonstration of responsible mature attitude

Please note that this completion card is not a guarantee of competency or certification in First Aid. The participant award is given to recognize that the participant has successfully completed the course.

At the end of the day, our goals are the same – create a safe environment for our children and teach them skills for a lifetime. Thank you for your interest and participation in this course. If you have any questions about this program or other Red Cross programs please contact us at 709-727-4674 or the Canadian Red Cross at 1-877-356-3226 or [www.redcross.ca](http://www.redcross.ca)

Sincerely,

*Michael Pretty*

**Pretty SAFE Enterprises – RED CROSS FIRST AID COURSES**

**Registration - Information Form**

(\*\* are mandatory fields that are required in order to process your completion)

COURSE APPLYING FOR: STAY SAFE Course

DATE OF COURSE APPLYING FOR: \_\_\_\_\_ LOCATION \_\_\_\_\_

NAME: FIRST\*\* \_\_\_\_\_ LAST\*\* \_\_\_\_\_

BIRTH DATE\*\* : \_\_\_\_\_ MM/DD/YEAR

ADDRESS\*\* STREET \_\_\_\_\_ CITY\*\* \_\_\_\_\_

PROVINCE\*\* \_\_\_\_\_ POSTALCODE\*\* ; \_\_\_\_\_ PHONE\*\* \_\_\_\_\_

Parents/Guardians Name (S) and Phone # 1. \_\_\_\_\_ 2. \_\_\_\_\_

Main Email for Parents \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: same as above Y/ N or \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY DOCTOR (NAME AND PHONE): \_\_\_\_\_

MEDICAL CONCERNS: i.e. allergies, seizures, chronic conditions, etc. Please be specific.

\_\_\_\_\_  
\_\_\_\_\_

Have you had any recent injuries or illnesses? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Reasons for taking this course:

\_\_\_\_\_  
\_\_\_\_\_

Do you any Medical concerns we should be aware of? What if any medications are you taking? Details please or discuss with instructor via phone 727-4674 \_\_\_\_\_

\_\_\_\_\_

Do you have a teddy bear or a small doll (to be able to put a diaper on)? \_\_\_\_\_ Please Bring it.

Have you had any First Aid in the past? \_\_\_\_\_

If so, what level? \_\_\_\_\_ What Agency? \_\_\_\_\_ What date? \_\_\_\_\_

I HEREBY DECLARE THAT ALL THE INFORMATION PROVIDED IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Is the Participant allowed to leave independently at the end of the secession Yes No

If the participant is not being picked up by someone who is not their Parent / Guardian or Emergency Contact who will it be?

Name \_\_\_\_\_ Phone # \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_