

CANYON VISTA POOL ASSOCIATION
Babysitter Registration

Instructions:

1. *Print or type the information requested below.*
2. *The Member and Lessee(s) must provide all information requested where applicable.*
3. *Sign this form.*
4. *Send the completed original of this form with a \$50 babysitter's fee to the following address:*
CVPA, P.O. Box 4634, White Rock, NM 87547

| | | | | |
|----------------------|-------------------------------------|--------|-------|----------|
| Membership Number | Member's Name (last, first, middle) | | | |
| Street Address | | City | State | Zip Code |
| Home Phone () | Work Phone () | E-mail | | |

Babysitter's full name: _____ is to be admitted as our registered child care provider for the (year) _____ season.

Member's Signature

Date

Babysitter's Signature

Date

Alternate Child Care Provider's Signature (if applicable)

Date

Received by the CVPA Board of Directors.

Signature of the Membership Director, Canyon Vista Pool Association, Inc.

Date

Signature of the Treasurer, Canyon Vista Pool Association, Inc.

Date