Sylvania Safety City 2010 Registration

Safety City is a program for all **children entering kindergarten living in the City of Sylvania or enrolled in any Sylvania school this fall.** The program is comprised of two and one half hour sessions each day for five consecutive days. Sylvania teachers, firefighters, members of the Sylvania Police Division, and a host of special guests will interact with your child daily. Your child will receive instruction concerning personal safety. Issues such as the dangers of strangers, pedestrian safety, fire safety, and bus safety will be presented in a fun and age-appropriate manner.

Operated by the Sylvania Police Division, Safety City will be held **June 14th through June 18th, 2010.** The program will take place at **Central Elementary, 7460 Central Avenue.** The morning session will be held from 9:00 a.m. to 11:30 a.m. each day. The afternoon session will be held from 12:30 p.m. to 3:00 p.m. each day.

The fee for the program is **$25.00** per child. **All registrations must be returned to the Sylvania Police Division by May 14th, 2010.** You will be notified by mail in the first week of June as to your child's session and classroom assignment. We recommend that registrations be returned promptly in order to reserve a space in class for your child, as class size and enrollment are limited.

Please Note:
On the application we give you the opportunity to state your preference for the morning or afternoon session. We will be sensitive to transportation needs, but we reserve the right to place students on a first-come, first serve basis as classes fill up. Also, to maintain the structure of the program, we ask that visitation be limited.

For questions, please contact the Sylvania Police Division Community Affairs, (419)885-8906 or email: sgt.music@sylvaniapolice.com.

KEEP THE INFORMATION ABOVE FOR YOUR REFERENCE
Please fill out the following form, cut on the dotted line, and submit with your payment

SAFETY CITY 2010 REGISTRATION FORM

Child's Name:_____ Male or Female_____ DOB:_____

Age in June, 2010:_____ Child's Name as it will Appear on their Name badge:_____

Address:_____
Number and Street **City** **State** **Zip Code**

Parent/Guardian: _____Home Phone Ph.: _____Business /Cell Ph:_____

School Child will Attend in Fall:_____ Grade:_____

Session Preference: (Please Check One) ( ) Morning Session ( ) Afternoon Session

Emergency Information: In case we cannot reach you, who would you like us to call?

Name:_____Relationship:_____Phone_____

Name:_____Relationship:_____Phone_____

Please indicate any special health needs your child may have (allergies, medical conditions etc.)

_____

Does your child have any special learning needs? :

_____

Child's Physician:_____Phone:_____

I hereby give permission for the Safety City Program staff to render appropriate first aid and arrange for transport of my child to the nearest medical facility for emergency care. I understand that every reasonable effort will be made to contact me in the event that my child is injured or ill.

_____ _____
Parent/Guardian Signature Date

Please make checks in the amount of $25.00 per child payable to: City of Sylvania
In the memo portion of the check please write: "Safety City"

Mail this form and a check to the Sylvania Police Division Office of Community Affairs, 6635 Maplewood Avenue, Sylvania, Ohio 43560. Please mark the envelope Attn: Safety City.