

# Sylvania Safety City 2024 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 a two and a half hour session 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 stranger danger, pedestrian safety, fire safety, railroad 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 **Monday, June 10<sup>th</sup> through Friday, June 14<sup>th</sup>, 2024**. The program will take place at **Maplewood Elementary, 6769 Maplewood Elementary**. 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 **\$50.00** per child. **All registrations must be received by the Sylvania Police Division by May 22<sup>nd</sup>, 2024. You will be notified by e-mail when we receive your registration** and you will receive a letter in the mail the last week of May listing 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. **Morning sessions fill up fast. Spots are not guaranteed.**

## 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 Records Division, (419)885-8902 or email: records@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



Child's Name: \_\_\_\_\_ Male or Female \_\_\_\_\_ DOB: \_\_\_\_\_

Age in June, 2024: \_\_\_\_\_ Child's name as it will appear on their name badge: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State Zip Code @ Email Address

Parent/Guardian: \_\_\_\_\_ Phone # for child to learn: \_\_\_\_\_ Alternate # \_\_\_\_\_

School child will attend in fall: \_\_\_\_\_ Grade: \_\_\_\_\_

Session Preference: (Please Check One) MORNING SESSION IS FULL ( ) 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: \_\_\_\_\_

Please indicate if your child's name/picture may appear in the following publications: The Blade, The Sylvania Advantage, and/or the Sylvania Police website Yes \_\_\_\_\_ No \_\_\_\_\_

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 **\$50.00** 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: Sylvania Police Division, Attn: Safety City, 6635 Maplewood Avenue, Sylvania, Ohio 43560.