

SYLVANIA TOWNSHIP SAFETY TOWNSHIP

Registration Form

Safety Township is a program for all Sylvania **children that will be entering kindergarten this fall**. The program is a two and a half hour session each day for five days. Teachers, Police Officers, Fire Personnel and a host of special guests will interact with your child daily. Each day the children will receive instructions concerning various safety issues like the danger of strangers, fire safety, bus safety, electrical safety, etc. There will be two sessions available and **you will need to select one session**. The fee is **\$30.00**. **ALL SESSIONS WILL BE FILLED ON A FIRST COME BASIS**. We ask that you drop your child off and pick up your child at the times listed. You will be notified by mail of your child's room assignment. **We reserve the right to place students in the session and classroom that would best accommodate the needs of the Safety Township program**. If you are not notified by mail by June 6, 2016 please contact us. It is recommended that registrations be returned promptly in order to reserve a space. All registrations must be returned by May 27, 2016 in order to guarantee participation in the program.

1st and 2nd Sessions: Central Trail Elementary 6/13 - 6/17 Sylvania Township Police Department 882-7878

Cut here, keep this portion for your reference.

Child's Name _____ DOB _____ Age _____

Name child is to be called while at Safety Township _____ Male _____ Female _____

Address _____
number-street _____ city _____ state _____ zip _____

Parent/Guardian _____ Home phone _____
Business phone _____

What school will your child be attending this fall? _____ Grade _____

Emergency Information

In case of emergency and we cannot reach you, who else could we call?

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

I give the Sylvania Safety Program staff my permission to transport my child to _____ for emergency care or to _____ for emergency dental care, or to the nearest available source of assistance.
Hospital/Doctor _____ Dentist/Clinic _____

Parent Signature _____ Date _____

Please indicate if your child has any special health needs: (allergies, diabetes, etc.)

Any additional information that might help us meet your child's needs.

Safety Township, operated under the leadership of the **Sylvania Township Police Department**, will run from **June 13 through June 17, 2016 at Central Trail Elementary, 4321 Mitchaw Road.**

_____ Session 1 from 9:00 a.m. to 11:30 a.m.

_____ Session 2 from 12:30 p.m. to 3:00 p.m.

Please indicate if your child's name/picture may appear in the following publications: The Blade, Sylvania Advantage, The Herald Newspapers and the Sylvania Township Police website _____ Yes _____ No

Please make check payable to Sylvania Township Police Department and write "Safety Township" in the memo. Mail this registration form and your \$30.00 check to Sylvania Township Police Department, Safety Township, 4420 N. King Road, Sylvania, Ohio 43560. If you have any questions call Officer Dan Krajcicek at 882-7878, extension 4 or email dkrajcicek@sylvaniatownship.com