

Sylvania Township Safety Township Registration 2018

Safety Township is a program for all children **living in or attending a Sylvania School who will be entering kindergarten in the fall**. The program is a two and one 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 such as stranger danger, fire safety, bus safety, pedestrian safety, and other safety issues which are presented in a fun and age appropriate manner.

The program is operated by the Sylvania Township Police Department and will be **held Monday, June 11 through Friday, June 15, 2018**. The program will take place at **Central Trail Elementary School, 4321 Mitchaw Road**. The session will be held from **9:00 am until 11:30 am each day**. **Please drop your child off at the designated time and pick them up promptly.**

The fee for the program is **\$30.00** per child. All registrations must be received by June 1, 2018. You will be notified by mail of your child's room assignment. These notifications will be mailed the week of June 4, 2018.

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 Mary Bell or email mbell@sylvaniatownshippolice.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/Female _____ DOB: _____
Age in June, 2017: _____ Child's name as it will appear on their name badge: _____ Shirt size _____
Address: _____
Number and Street City State Zip Code _____ Email address _____
Parent/Guardian: _____ Home Phone Ph.: _____ Business /Cell Ph: _____
School child will attend in fall: _____ Grade: _____

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 give the Sylvania Township Safety Program staff permission to transport my child to _____ Hospital
for emergency care or to _____ for emergency dental care.
Dentist/Clinic

Parent/Guardian Signature _____ Date _____

Any additional information that may help us meet your child's needs:

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