

Sylvania Township Safety Township Registration 2019

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 10 through Friday, June 14, 2019**. 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 May 1, 2019. You will be notified by mail of your child's room assignment. These notifications will be mailed the week of May 27, 2019. **Enrollment is limited to the first 90 children registered**

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 419 720 3021 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, 2019: _____ Child's first name as it will appear on their name tag: _____
Address: _____

Number and Street City State Zip Code _____
Email address _____

Parent/Guardian: _____ Home/Cell Phone: _____ Business Phone _____

School child will attend in fall: _____

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 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 _____ Dentist/Clinic for emergency dental care.

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

Parent/Guardian Signature _____ Date _____

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

PLEASE SEE REVERSE FOR INFORMATION ON FINGERPRINTING/PHOTOGRAPHING YOUR CHILD

The below waiver must be signed and the information provided in order for your child to be photographed and fingerprinted.

FINGERPRINT/PHOTOGRAPH CONSENT, RELEASE AND WAIVER

The undersigned parents and/or guardians of _____, a minor, for and in consideration of the services provided by the Sylvania Township Police Department of the Sylvania Township, Ohio and for other good and valuable consideration, the receipt of which is hereby acknowledged by the undersigned, do hereby consent to have the Sylvania Township Police Department fingerprint and photograph said child and do hereby waive, release, and forever discharge Sylvania Township, Ohio, the Sylvania Township Police Department, and their agents, successors, and assigns from any and all claims and causes of action of any kind or nature which the undersigned may have, or in the future, can, shall, or may have on account of any and all damages, losses, or injuries to persons or property, or both, known and unknown, resulting or to result from fingerprinting and photographing of said child.

It is hereby acknowledged that the fingerprinting and photographing of said child is being done at the voluntary request of said child and the undersigned. All fingerprint cards will be given to the undersigned at the completion of the program.

The undersigned hereby declare that the terms of this consent, release and waiver have been completely read and are fully understood and voluntarily accepted for the purpose of aforesaid and for the express purpose of precluding forever any further or additional claims arising out of aforesaid fingerprinting.

Signature of Parent/Guardian and Relationship

Date

Child's Information

Name _____ Date of birth _____

Hair color _____ Eye color _____

Gender _____ Race _____