

SAFETY TOWN 2012
SPONSORED BY THE OLMSTED EARLY CHILDHOOD PTA

Safety Town is a child accident prevention program. It is a program that introduces safety awareness and preventative procedures to preschool children. Children practice real life situations before being confronted with situations on their own. Safety Town is the foundation of safety education.

Safety Town in Olmsted Falls and Olmsted Township is organized through the Olmsted Early Childhood PTA, a non-profit organization consisting of volunteers who seek to unite home, school and the Olmsted community in promoting education, health and safety of children, youth and families. Children who attend will practice safety "out on the town" in a miniaturized city layout designed to teach children safety near roads, railroad crossings, while on their bikes or walking in their neighborhood. Videos, songs and lessons with visits from local Police, Fire and Bus Departments as well as fieldtrips to Police and Fire Departments, all help your child enjoy and understand what he or she is learning.

Dates and times are listed on the attached form. Safety Town is held at FALLS/LENOX PRIMARY SCHOOL.

Fee: \$40.00 per child if received **before April 15, 2012**

\$50.00 per child if postmarked **after April 15, 2012**

THE FEE INCLUDES THE COST OF THE CLASS AND A SAFETY TOWN T-SHIRT.

CHECKS SHOULD BE MADE PAYABLE TO: **Olmsted Early Childhood PTA**

Please complete the attached forms and mail with your payment to:

Olmsted Early Childhood PTA/Safety Town

c/o Kerry Kramer

9774 Tuttle

Olmsted Twp, OH 44138

(216) 246-0731

We will only be accepting payment by mail. No payments will be accepted at Kindergarten Information night, though forms and information can be obtained there. Class sizes are limited. **Payment reserves your child's spot and must be received by May 25, 2012.**

You will be notified by email of your child's class session and time.

Please include Emergency Information Form when mailing in registration.

**Safety Town is funded by your fees and subsidized through OECPTA and benefactors who donate through this PTA. Donations are always accepted. You are welcome to contact the PTA with your thoughtful donation.*

**Olmsted Early Childhood PTA
Safety Town 2012**

Registration Form

Child's name: _____ Youth T-Shirt Size: _____
Child's address: _____ XS(4-5) S(6-8) M(10-12) L(14-16)

Child's phone number: _____
Parent Name _____
Email Address _____

Please number the following sessions in order of your first through last choice. Please note that each session is 5 days long which includes graduation on Friday. Each class will have approximately 30 students and classes are filled as registrations are received. (Morning classes do fill up quickly)

Session 1: June 11-15, 2012
_____ 9:00-11:30 am
_____ 12:30-3:00pm

Session 2: June 18-22, 2012
_____ 9:00-11:30 am
_____ 12:30-3:00pm
_____ 6:00-8:30 pm

Session 3: June 25-29, 2012
_____ 9:00 - 11:30 am
_____ 12:30-3:00 pm

_____ My child can attend any session/time (please check if appropriate)

PAYMENT IS NON-REFUNDABLE IF YOU CANCEL. YOUR PAYMENT MUST BE INCLUDED WITH THE REGISTRATION FORM TO RESERVE YOUR CHILD'S SPOT IN A CLASS.

Please complete and sign below:

During Safety Town your child will be given a School Bus orientation and then ride the bus to our Police and Fire Departments for a lesson and tour.

I _____ give permission for _____
(Parent signature) (Child's Name)
to attend the Safety Town Fieldtrip.

Please mail to: Olmsted Early Childhood PTA/Safety Town
C/O Kerry Scanlon
9774 Tuttle Road
Olmsted Twp., OH 44138

DEADLINE IS May 25, 2012

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Emergency Information

Child's name _____

Birthday _____

Parent(s)/Guardian(s) Name _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Please list any allergies that your child has (i.e. bee stings, food, medication, etc)

Please list any medication your child is currently taking _____

Please list any special needs your child has

Please list 2 people we can contact in case of an emergency:

1) Name _____

Phone Number _____

Relation to child _____

2) Name _____

Phone Number _____

Relation to child _____

Please list the names of individuals who are permitted to pick up your child from Safety Town 1. _____

2. _____

3. _____

Physician's Name and Telephone Number _____

Do we have permission to send your child to the nearest hospital in case of emergency? Please circle and sign. YES NO

Signature _____

Date _____