

Session _____ Class Assign _____
Sibling _____
Check # _____ or Paypal _____

SAFETY TOWN APPLICATION – 2016
PLEASE PRINT AND COMPLETE THE ENTIRE APPLICATION

Child's Name _____ Sex _____

Date of Birth _____ Age on 6/15/16 _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Phone _____ Email _____

Emergency Phone Number (other than phone number listed above) _____

Name and Relationship of Emergency Contact _____

Indicate which session you prefer: (Monday – Thursday 9 a.m. to 12 p.m.)

_____ Session 1: Monday, June 20 – Thursday, June 30, 2016

_____ Session 2: Tuesday, July 5 – Thursday, July 14, 2016 (No Safety Town on Monday, July 4, 2016)

Does your child have any of the following? Please circle all that apply:

Food allergies

Physical limitations

Diabetes

Bee sting allergies

Hospitalized in the last year

Asthma

Other (Please describe in detail): _____

If you circled any of the above, a Safety Town staff member may contact you.

I understand that the Rotary Club of York East and the Safety Town staff will not be responsible for personal injury nor will they administer any medications. I give my consent for my child to participate in the Safety Town Program.

Parent/Guardian Signature

Date

***REMINDER: All children must be completely potty trained at time of application.**

Register by June 1, 2016

\$80 per child

Registration includes t-shirt

Please circle the child's size

Child size XS (2-4)

SM (6-8)

Med (10-12)

L (14-16)

Adult Small

Register after June 1, 2016

\$85 per child

No T-shirt

**All applications must be postmarked June 1, 2016. This application can be copied and shared with friends.
One application per child, please.**