Session \_\_\_\_\_\_\_ Class Assign \_\_\_\_\_\_\_\_\_ Sibling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_

**SAFETY TOWN APPLICATION – 2018**

PLEASE PRINT, COMPLETE, AND MAIL THE ENTIRE APPLICATION WITH PAYMENT

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age on 6/18/18 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 18 – Thursday, June 28, 2018

\_\_\_\_\_\_\_\_\_\_ Session 2: Monday, July 2 – Thursday, July 12, 2018 (No Safety Town on Wednesday, July 4, 2018)

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

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

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

Food Allergies Physical Limitations Diabetes Bee Sting Allergies Asthma

Has your child been hospitalized in the last year? \_\_\_\_\_\_\_\_\_\_\_\_\_

Other Situations – Please describe in detail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

**PAYMENT DUE**: If you Register **by** May 18, 2018 $85 per child and registration includes a t-shirt

If you Register **after** May 18, 2018 $90 per child and **we cannot guarantee a t-shirt**

**Please circle t-shirt size** Child size XS (2-4) SM (6-8) Med (10-12) L (14-16) Adult Small

**All applications must be postmarked May 18, 2018 in order to guarantee a t-shirt. Please make checks payable to: Rotary Club of York East, P O Box 3491, York, PA 17402.**

This application can be copied and shared with friends. One application per child, please.