

Session _____ Class Assign _____ Sibling _____ Check # _____

SAFETY TOWN APPLICATION – 2019

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

Child's Name _____ Sex _____

Date of Birth _____ Age on 6/17/19 _____

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 17 – Thursday, June 27, 2019

_____ Session 2: Monday, July 1 - Thursday, July 11, 2019 (No Safety Town on Thursday, July 4, 2019)

***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:

Food Allergies	Physical Limitations	Diabetes	Bee Sting Allergies	Asthma
Has your child been hospitalized in the last year? _____				
Other Situations – 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

PAYMENT DUE: If you Register **by** May 18, 2019 \$85 per child and registration includes a t-shirt
If you Register **after** May 18, 2019 \$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, 2019 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.