

Session _____ Class Assign _____ Sibling _____ Check # _____

SAFETY TOWN APPLICATION – 2025

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

REGISTRATION DEADLINE May 15, 2025

Child's Name _____ Sex _____

Date of Birth _____ Age on 6/16/25 _____

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: Mon., June 16 – Thurs., June 26, 2025 ____ Session 2: Mon., June 30 – Thurs., July 10, 2024

***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 and understand photos/videos may be taken during the event and may be used for social media/website publication.

Parent/Guardian Signature _____ Date _____

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

PAYMENT DUE: \$140 per child registration
Discount - \$130 per child for registrations received prior to April 1, 2025

How did you hear about Safety Town? _____

**All applications must be postmarked May 15, 2025 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.