

# SAFETY TOWN INFORMATION



- Program takes place at Dennis B. O'Brien Elementary School
- The program runs for two consecutive weeks: **July 9<sup>th</sup> through July 20<sup>th</sup>**
- Choose your session (each session runs 1 1/2 hours)
  - Session 1: 9am-10:30am
  - Session 2: 11am-12:30pm
- Parents are asked to attend a short informational meeting on the 1st day.
- Parents do not stay with the children
- A school nurse will be on premises
- **A bike helmet is required each day - Please put your child's name in it!**
- There may be pictures and/or video taken during the program
- Part of the program is outside, please put sunscreen on your child if you desire
- **Graduation - July 20<sup>th</sup> @ 10AM (both sessions together) - All are welcome!**
- Please bring a snack for our teen volunteers (i.e. 1 large bag of chips or pretzels, cookies etc. OR a multipack lemonade or ice tea drink)
- When bringing your child to Safety Town, please make sure to hand off your child to his/her counselor
- **Written permission is necessary for someone other than a parent to pick up a child.**

**PARKING IN FRONT OF THE BUILDING IS PROHIBITED!**

# SAFETY TOWN REGISTRATION FORM

## July 9<sup>th</sup> – July 20<sup>th</sup>, 2018



**Please print the following information:**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

School attending in September \_\_\_\_\_

Special Needs for Child \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

**PLEASE CIRCLE CHOICE**

*Session 1: 9:00-10:30*

*Session 2: 11:00-12:30*

*I am willing to bring in 1 bag of snacks or a multipack of boxed drinks (iced tea or lemonade etc.), to donate for the teen volunteers' snack break. \*Yes \_\_\_ No \_\_\_*

*\*Please bring to Dennis B. O'Brien on the first day of the program.*

*I do \_\_\_ do not \_\_\_ give permission for my child to be photographed or videoed.*

*I give my child permission to participate in the Safety Town Program.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETE and RETURN FORM VIA EMAIL OR FAX:**

**Email – [Kwiller@rocktwp.org](mailto:Kwiller@rocktwp.org) Fax – 973 627-7968**