



Reminderville Safety Town!

WHO: Children entering kindergarten in the fall. If we reach over 20 children, we will add another week.

WHAT: Safety Town is a program that teaches children how to be safe at home, school, and play. The children are instructed on pedestrian safety, school bus safety, seat belt safety, drug and poison safety, water safety, stranger danger, and gun awareness. Activities include a ride on a school bus to Wilcox Elementary School, fingerprinting at the police department, and fire safety tips at the firehouse! The week will end with a graduation party!

WHERE: Ray Williams Park Pavilion 3601 Glenwood Blvd* *unless otherwise instructed

WHEN: June 13-June 17 1:00 -3:00 each day

REGISTRATION: Forms are available online at Reminderville.com and at City Hall. City Hall is open Monday-Friday 8:00-4:00.

Deadline for applications is Friday, May 27, 2022.

There is no fee for Reminderville residents. Non-residents must contact City Hall to see if space is available. Non-resident fee is \$25.00.

Mailing Address: City of Reminderville – Safety Town! 3382 Glenwood Blvd. Reminderville, OH 44202

If you have any questions, please contact Stacey Task at City Hall 330-562-1234 or stask@reminderville.com

REMINDERVILLE SAFETY TOWN REGISTRATION FORM

| Child's Name | Date of Birth |
|--|--|
| Address | |
| Mother | |
| Father | _ Phone |
| Contact E-mail address: | |
| T-Shirt size: S M L XL | |
| School child will attend in the fall | |
| Emergency Contact: | |
| Name | Relationship |
| Address | Phone |
| Physician's Name | Phone |
| Staff needs to be aware: | that your child has of which the Safety Town |
| representatives from any and all claims, costs, d minor child's participation in Safety Town. I under | |

program in which my child is enrolled.

I DO GIVE CONSENT_____ DO NOT GIVE CONSENT _____ to the City of Reminderville to use digital photographs of my child in print and other media including the Reminderville website.

In case of an accident or illness, **I DO AUTHORIZE** _____ **DO NOT AUTHORIZE** _____ the staff of Safety Town to call the physician listed above for instructions or seek emergency medical assistance if deemed necessary.

Signature of Parent or Guardian

Date

APPROVAL OF FIELD TRIP

I DO GIVE _____ DO NOT GIVE _____ permission for my child to participate in a bus ride during his/her scheduled time.

Signature of Parent or Guardian

Date