



Officer Beall's Kirtland

SAFETY TOWN

FOR: Children entering kindergarten & 1st grade who are new to the program.

LOCATION: Kirtland Community Center (7900 Euclid-Chardon Road)
256-4711 - Communitycenter@kirtlandohio.com

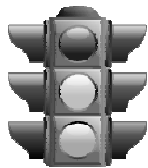
DATES (one week only): June 13-17 -or- June 20-24

TIME: 9:00-11:30 a.m.

PAYMENT IS DUE TO THE COMMUNITY CENTER BY MAY 31.
All registration is first-come, first-served. Make checks payable to "The City of Kirtland."

PAYMENT: \$25 residents (beginning March 14)
\$30 non-residents (beginning May 1)

- CHILDREN WILL LEARN:**
- Animal safety
 - Bicycle safety
 - Bus safety
 - Fire prevention and safety
 - Good touch/bad touch
 - Gun safety
 - Pedestrian safety
 - Playground safety
 - Poison safety
 - Stranger danger
 - Water safety



SAFETY TOWN
is a national safety awareness program designed to teach children how to prevent accidents and how to react in dangerous situations.

It is intended for children who are entering kindergarten and 1st grade in the fall.

Safety Town is a recreation program run by the Kirtland Recreation Department. It is not a requirement for entering kindergarten.

In June, parents receive a detailed, daily schedule of activities.

 *PRINT legibly* 

CHILD'S NAME: _____

GENDER: BOY

GIRL

ENTERING GRADE: K 1ST AGE _____

BIRTH DATE _____

WEEK (choose & circle one week only): June 13-17 or June 20-24

ADDRESS _____

CITY _____

ZIP _____

PARENTS: Mom _____

Dad _____

 PHONE _____

 CELL _____

 WORK _____

 EMAIL _____

Does your child have behavioral or medical concerns, allergies, or a fear of dogs that we should be aware of? _____

PARENTAL CONSENT

I as the parent of the child listed above, give my permission and consent for him/her to participate in the City of Kirtland Safety Town. I understand that he/she is responsible for exercising due caution and to follow the safety and discipline rules of the recreation leaders.

I understand that the City of Kirtland does not provide medical or hospitalization and does not assume any responsibility or liability for any injury my child may sustain while watching or participating in any recreation/leisure/activities associated with the Safety Town.

I grant permission to use my child's photograph or image with or without my child's name, both single and in conjunction with other persons or objects for any and all purposes including but not limited to private or public presentations, publicity, and promotion.

I also authorize and give my permission to a hospital or qualified physician, or emergency medical personnel to provide any necessary medical treatment in the event of an accident or medical emergency.

SIGNATURE _____

DATE: _____

PRINTED NAME _____

PICK-UP SCHEDULE...who is picking up your child?

	PERSON PICKING UP	PHONE NUMBER
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

THANK YOU!

Your personal information is not shared, sold, or distributed to outside entities.



PAYMENT: Amount -

Type - \$ or ✓ - #

Date:

