



Brecksville Safety Town 2022

Safety Town provides children entering kindergarten with basic instruction in safety awareness through their own involvement in preventative procedures. A miniature town, complete with streets, buildings, sidewalks, vehicles, stop signs, crosswalks & a traffic light will be provided. Instruction will be provided by a certified teacher, police officers & safety personnel, along with assistance from teenage volunteers. Brecksville Safety Town will be held at ***BLOSSOM HILL, 4450 OAKES RD, IN BRECKSVILLE***. Transportation to and from the Safety Town site is the responsibility of the parent.

REGISTRATION: FEE IS \$20.00

Registration begins online at 5am or in person at 5:30am April 1st for Brecksville Residents, May 1st for Non-Residents and ends May 15th. Please bring this form and payment to Brecksville Community Center, One Community Drive; or online at <https://webtrac.brecksville.oh.us> If you are planning to register online please have your user ID and password ready ahead of time.

Please make checks payable to: **City of Brecksville**

Class size is limited and will be filled on a first-come, first serve basis.

Please number your 1st, 2nd and 3rd choice

Session 1: ___ 6/6 - 6/17 9:00am-11:00am

Session 3: ___ 6/20 - 7/1 9:00am-11:00am

Session 2: ___ 6/6 - 6/17 11:45am-1:45pm

Session 4: ___ 6/20 - 7/1 11:45am-1:45pm

Child's Name: _____ Birth Date: _____

Address: _____ City: _____

Phone Number: (Number you wish your child to learn) _____

Parent e-mail address _____ T-shirt size: Small ___ Medium ___

EMERGENCY INFORMATION:

Mother: _____ Phone (H) _____ (Work/cell) _____

Father: _____ Phone (H) _____ (Work/cell) _____

Other: _____ Phone (H) _____ (Work/cell) _____

(Relationship: _____)

Doctor: _____ Phone _____ Hospital: _____

In the event of an emergency and if all reasonable attempts to reach both parents are unsuccessful, I hereby give my consent for the administration of emergency treatment and/or the transfer of my child to the closest emergency medical facility. The emergency medical personnel should be aware of the following information (ALLERGIES, MEDICATION BEING TAKEN, ETC):-

Parent signature: _____ Witness: _____ Date: _____