

Aurora Safety Town

WHO: Safety Town is for children entering kindergarten in the Fall.

WHAT: Safety Town is a program that teaches youngsters how to be safe at home, school, and play. The children are instructed on pedestrian safety, school bus safety, fire safety, seat belt safety, animal safety and caring for pets, water safety rules, drug and poison safety rules, dealing with strangers, gun safety and personal body safety. Activities include a ride on a school bus. The children also ride on "Safety Town" while learning rules of the road and pedestrian safety. To highlight the week, there is a graduation ceremony on the last day.

WHERE: Leighton Elementary School

WHEN: All sessions are Monday thru Thursday for three hours each day. Sessions will be held during the months of July & August.

REGISTRATION: Forms are available at the police department, kindergarten registration and online at www.auroraoh.com.

Number of children per session is limited.

Deadline for applications is Friday, May 5th, 2017.

Confirmations will be sent out in June.

There is no fee for Aurora Residents.

Non-residents must contact Officer Yendriga to see if space is available.

There is a fee of \$25.00. Checks made out to: Aurora Safety Town

QUESTIONS: If you have any questions, please contact
Officer Vickie Yendriga, Aurora Police Dept.
330-562-8181 or Email: yendrigav@auroraoh.com

Mailing Address: Aurora Police Department - Safety Town
100 S. Aurora Rd., Aurora, Ohio 44202

**AURORA SAFETY TOWN
REGISTRATION FORM**

Child's Name _____ Date of Birth _____ Male/Female _____

Child's Address _____ Phone _____
(Please give full mailing address with city and zip code if other than Aurora 44202)

Child's Age _____ School child will attend in Sept. _____

Mother _____ Phone(C) _____ (W) _____

Father _____ Phone(C) _____ (W) _____

Parent E-mail address: _____
(needed for confirmation of Safety Town sessions)

Emergency Contact

Name _____ Relationship to child _____

Address _____ Phone # _____

Physician's Name _____ Phone # _____

Please list any allergy/illness/disability that your child has of which the Safety Town Staff needs to be aware:

RELEASE OF LIABILITY – PHOTO RELEASE – MEDICAL TREATMENT RELEASE

I hereby release and hold harmless the City of Aurora and all of its employees, agents and representatives from any and all claims, costs, damages and liabilities for any injuries sustained by my minor child's participation in Safety Town. I understand that this program does not include accident or personal property insurance. I further represent that my child is physically capable of participating in the program in which my child is enrolled.

I _____ DO GIVE CONSENT _____ DO NOT GIVE CONSENT to the Aurora Police Department to use digital photographs of my child in print and other media including the Aurora Police Department's web site, exclusively for promotion of the Aurora Police Department programs.

Further, in case of an accident or serious illness, I 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 for Field Trip

I give permission for my child to participate in a bus ride during his/her scheduled time.

Signature of Parent or Guardian _____ Date _____

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Child's Name: _____

Please indicate which session and time you would like your child to attend. We understand that your family may have special circumstances that would prevent your child from attending one of the sessions and times. **If your family has a commitment that would PREVENT your child from attending a particular session or time, please indicate this by filling in the appropriate space below.** We will make every effort to accommodate your needs. If you have no special needs or preference and can be scheduled anytime please indicate below as this will help with scheduling.

Deadline for applications is Friday, May 5th, 2017. You will be notified in June, by email or mail, of the session and time to which your child has been assigned. Number of children per session is limited.

All sessions are Monday thru Thursday

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|------------|---------------|-----------|----------------|
| Session #1 | July 10-13 | Evening | 5:30pm-8:30pm |
| Session #2 | July 17-20 | Afternoon | 12:30pm-3:30pm |
| Session #3 | July 24-27 | Morning | 9:30am-12:30pm |
| Session #4 | July 31-Aug.3 | Morning | 9:30am-12:30pm |

Please indicate below:

1st Choice: Session # _____

2nd Choice: Session# _____

Please check here _____ if you do not have a preference and can be scheduled anytime.

Special Circumstances

Our family has a special circumstance that would PREVENT my child from attending the following session and/or time:

Any additional comments:
