



# Safety Town 44147

BROADVIEW HEIGHTS SAFETY TOWN \* 9543 Broadview Rd., B-19 \* Broadview Heights, Ohio 44147 \* 440-526-5401

Safety Town provides children entering kindergarten with a basic instruction in safety awareness through their own involvement in preventive procedures. A miniature town complete with streets, buildings, sidewalks, vehicles, stop signs, crosswalks and traffic light are utilized. Instruction is provided by a certified teacher, police and fire officers, and assistance from teenage volunteers. Transportation to and from the Safety Town site is the responsibility of the parent. Broadview Heights Safety Town will be held at the Broadview Center, 9543 Broadview Road, Building #21. **This program is open enrollment and not limited to residents only.** Questions can be directed to Officer J. Garcia or Kim Cook @ 440-526-5400.

**Registration Fee is \$35.00 please make check payable to City of Broadview Heights**

In person registration will be held on **Friday, May 1, 2020** from 4:00pm – 5:30pm at the Broadview Heights Safety Town Building, 9543 Broadview Road, next to the police station. Class size is limited and will be filled on a first come first serve basis. In person sign ups have priority over mail in registration for choice of session. Mail in registration will begin on April 2, 2020 and end on June 5, 2020. There will be no changes or refunds after June 5, 2020. Confirmation of your selection will be made via a phone call/message. You can also register at the police station 24 hours a day 7 days a week. Please note that approximately half of the available spots are filled during the in person registration, and it is suggested that parents make the in person date if possible. If mailing registration mail to: Safety Town Broadview Heights Police Dept., 9543 Broadview Road, Broadview Heights, OH., 44147. **\*\*\*\*As these dates grow nearer, a decision will be made based on CDC recommendations as to whether to hold registration and the class.**

**Please indicate 1<sup>st</sup> choice in area below:**

\_\_\_\_\_ June 8-19, 9am – 11am

\_\_\_\_\_ June 8-19, 12:30pm – 2:30pm

Childs name: \_\_\_\_\_ (M or F) Birth date: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Emergency Info:**

Mother: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Father: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Other: \_\_\_\_\_ Phone(H)or(C) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

*In the event of an emergency, and if all reasonable attempts to reach both parents are unsuccessful, I hereby give my consent to the administration of emergency treatment and/or to transfer my child to the closest emergency medical facility. The emergency medical personnel should be aware of the following information (allergies, medications being taken, etc.)*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_