

Sylvania Township Safety Township Registration

Safety Township is a program for all children **who are eligible to attend a Sylvania School and who will be entering kindergarten in the fall**. The program runs for 2 ½ hours each morning for 5 days. Teachers, police officers, fire personnel and a host of special guests will interact with your child daily. Each day your child will receive instruction presented in a fun and age appropriate manner concerning various safety issues including stranger danger, fire safety, bus safety and pedestrian safety.

The program is operated by the Sylvania Township Police Department and will be **held Monday June 12 through Friday June 16, 2023**. The program will take place at **Central Trail Elementary School at 4321 Mitchaw Road**. The session will be held from **9:00 am until 11:30 am each day**. **Please drop your child off at the designated time and pick them up promptly.**

The fee for the program is **\$50.00** per child. All registrations must be received by May 19, 2023. You will be notified by mail of your child's room assignment. These notifications will be mailed the week of May 22, 2023. **Enrollment is limited to the first 90 children registered.**

Please make check payable to Sylvania Township Police Department and write "Safety Township" in the memo. Mail this registration form and your \$50.00 check to Sylvania Township Police Department, Safety Township, 4420 N. King Road, Sylvania, Ohio 43560. If you have any questions call Officer Dan Krajcicek at 419 720 3039 or email dkrajcicek@sylvaniatownshippolice.com

KEEP THE INFORMATION ABOVE FOR YOUR REFERENCE
Please fill out the following form, cut on the dotted line, and submit with your payment

Child's Name _____ Male/Female _____ DOB _____

Age/Grade August 2023 _____/_____ Child's first name as it will appear on their name tag _____ T-shirt size S M

Address _____
Number and Street City State Zip Code

Email address _____

Parent/Guardian _____ Home/Cell Phone _____ Business Phone _____

School child will attend in fall _____

Emergency Information: In case we cannot reach you, who would you like us to call?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please indicate any special health needs your child may have (allergies, medical conditions etc.)

Does your child have any special needs?

Child's Physician _____ Phone _____

I give the Sylvania Township Safety Program staff permission to transport my child to _____
for emergency care or to _____
Hospital
Dentist/Clinic for emergency dental care.

Any additional information that may help us meet your child's needs:

Parent/Guardian Signature _____

Date _____

Please indicate if your child's name/picture may appear in the following publications: The Blade, The Sylvania Advantage, and the Sylvania Township Police website: Yes _____ No _____