

Sylvania Township Safety Town Registration 2026

Safety Town 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. **PLEASE NOTE: "Safety Town" and "Safety City" are similar but separate programs administered by separate police departments. Please register for only one (1) due to limited availability.**

The program is operated by the Sylvania Township Police Department and will be **held Monday, June 1 through Friday, June 5, 2026**. The program will take place at **Central Trail Elementary School located at 4321 Mitchaw Road, Sylvania, OH 43560**. 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 April 19, 2026**. You will be notified by mail of your child's room assignment. These notifications will be mailed the week of **April 27, 2026**. **Enrollment is limited to the first 90 children registered.**

Please make a check payable to Sylvania Township Police Department and write "Safety Town" in the memo. Mail this registration form and your \$50.00 check to Sylvania Township Police Department, Safety Town, 4420 N. King Road, Sylvania, Ohio 43560. If you have any questions, call Officer Matt Miller at (419) 720-3009 or email mmiller@sylvaniamunicipalpolice.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 2026 _____ / _____ 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 your 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 _____
Hospital
for emergency care or to _____
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, the Sylvania Township Police website, and the Sylvania Township Police Facebook page: Yes _____ No _____