

SAFETY CITY

SAFETY CITY is a safety education program designed to teach pre-kindergartners the importance of safety in the home, at school, and on the street.

SAFETY CITY will be held at the WAUSEON PRIMARY SCHOOL. A registration fee is necessary to help cover expenses. Classes run two hours per day with the option of participating in either a morning or an afternoon session.

Please complete the registration form soon and indicate your first, second, and third choice of sessions as **CLASS SIZE IS LIMITED.**

If you have any questions, please call Kristin Carrisalez at 419-575-9508 or e-mail: kcarrisalez12@gmail.com

You will be contacted when your child has been scheduled.

SAFETY CITY APPLICATION FOR CHILDREN WHO WILL BE ENROLLED IN KINDERGARTEN IN THE FALL OF 2024

CHILD'S NAME. _____ M/F _____

PHONE _____ BIRTHDATE. _____

PARENT'S NAME(S) _____

ADDRESS, _____ EMAIL _____

ADDRESS _____

NAMES & AGES OF ANY SIBINGS THAT HAVE BEEN IN SAFETY CITY IN THE PAST

Please mark below the first (1), second (2), and third (3) choices of the four sessions available.

June 3rd, 2024 through June 14th, 2024 ____ 9:30-11:30 _____ 1:00-3:00

June 17th, 2024 through June 28th, 2024. ____ 9:30-11:30 _____ 1:00-3:00

The DEADLINE fee is \$25.00 and is due by June 2nd.

Please make check payable to **WAUSEON SAFETY CITY** and mail to:

WAUSEON SAFETY CITY COMMITTEE

C/O KRISTIN CARRISALEZ

422 E CHESTNUT ST.

WAUSEON, OH 43567-1223

SAFETY CITY EMERGENCY INFO

PARENTS: PLEASE FILL IN THE INFORMATION BELOW IN CASE OF AN EMERGENCY OR IF WE MUST CONTACT YOU FOR ANY REASON.

NAME OF CHILD _____

NICKNAME (if child prefers) _____

BIRTHDAY AGE AS OF JUNE 1, 2024 _____

MOTHER'S NAME (First and Last) _____

FATHER'S NAME (First and Last) _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ HOME PHONE _____

CELL PHONE _____

*ANOTHER NUMBER WHERE YOU CAN BE REACHED
WHILE YOUR CHILD IS AT SAFETY CITY* _____

OTHER PARENT CONTACT NUMBER _____

CELL PHONE _____

IN CASE OF AN EMERGENCY, WHO SHOULD WE CONTACT IF WE ARE UNABLE TO REACH YOU AT THE ABOVE NUMBERS?

NAME _____ PHONE _____

RELATIONSHIP TO CHILD _____

IF EMERGENCY CARE IS NEEDED AND NO ONE CAN BE REACHED AT THE ABOVE NUMBERS, WE WILL TRANSPORT TO THE FULTON COUNTY HEALTH CENTER.

WHO IS YOUR CHILD'S PHYSICIAN? _____

*PLEASE RETURN THIS FORM WITH REGISTRATION OR TO YOUR
CHILD'S SAFETY CITY TEACHER ON THE FIRST DAY OF CLASS!*

OTHER IMPORTANT INFORMATION

PARENTS: PLEASE FILL OUT AND RETURN TO YOUR CHILD'S SAFETY CITY TEACHER ON THE FIRST DAY OF CLASS.

My child will be carpooling with (other children's names)

(Adult name)_____ will be picking up my child.

(Circle one) everyday sometimes when I inform you

I GIVE MY CONSENT FOR MY CHILD TO PARTICIPATE IN THE WAUSEON SAFETY CITY PROGRAM. FOR SAFETY SAKE, I WILL INFORM THE STAFF AHEAD OF TIME OF ANY CHANGES IN THE PICKING UP PROCEDURES FOR MY CHILD.

I AM AWARE THE SAFETY CITY SESSIONS RUN FROM 9:30 - 11:30 A.M. or 1:00 - 3:00 P.M. AND THAT I WILL **PROMPTLY** PICK UP MY CHILD EACH DAY.

I AM AWARE THAT MY CHILD WILL BE TAKING A FIELD TRIP ON THE WAUSEON BUS , WHERE THEY WILL BE TALKING TO A CROSSING GUARD ABOUT SAFELY CROSSING BUSY INTERSECTIONS. **GIVE MY CONSENT FOR MY CHILD TO GO ON THIS TRIP.**

Parent signing this consent form _____

Date.....

I GIVE MY CONSENT FOR MY CHILD TO HAVE HIS OR HER PICTURE TAKEN DURING PARTICIPATION IN SAFETY CITY FOR POSSIBLE PUBLICATION IN AREA NEWSPAPERS.

_____(PARENT SIGNATURE)

DATE_____