

# 2019 Safety Town Registration Form



at

## El Camino School

June 10-14

*For incoming Kindergarteners or incoming 1st Graders only*

Program Fee \$175. Make check payable to Safety Town, and mail with completed registration form to:

**SAFETY TOWN, c/o Cyndi Aghayan,  
6546 Calle Koral  
Goleta, CA 93117**

**Registration Deadline: June 7, 2019 or extended until full**

\*Subject to grant approval, scholarships will be provided. If applying for a scholarship, please complete the scholarship application available in the school office to be submitted with this completed form and **\$25** Family Scholarship co-pay. Thank you.

**PLEASE PRINT CLEARLY and FILL OUT ENTIRE FORM**

**Child Information**

Child Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date - ( **Must be 5 yr. by 9/01/19 and no older than 1st grade**) \_\_\_\_\_ Male  Female

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ \* (circle preferred # to teach child)

Work Phone \_\_\_\_\_ E-Mail Address, (for confirmation purposes only) \_\_\_\_\_

What is your preferred method of contact for confirmation? \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Mail \_\_\_\_\_

**Preschool child presently attends / School child will attend in Fall / Primary language spoken by child**

**Session Information and Authorization**

**June 10-14**

**8:30 a.m.-12:00 p.m.**

**\*\*\* Please note, SAFETY TOWN reserves the right to cancel sessions due to enrollment numbers. You will be notified one month prior to beginning of session if this occurs.**

**Medical and Emergency Information – \* Please fill out all information requested**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact- Name/ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Allergies/ Medications**

**Physical, Social, or Emotional Limitations**

**\*\*\* IEP/ 504 or other support services in preschool?** \_\_\_\_\_

**\* SAFETY TOWN TEACHERS AND VOLUNTEERS ARE NOT AUTHORIZED TO ADMINISTER ANY MEDICATIONS. This also refers to inhalers and Epipens. Please inform us of any medical issue by submitting additional form signed by doctor PRIOR to first day.**

1. \_\_\_\_\_  
Name(s) of Person Authorized to Pick Up Child, (other than all parents) \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

- We will only release your child to those authorized by you.
- Children identified with Special Needs, (present school), **will require a 1:1 aide, provided by parents.**
- **We reserve the right to make appropriate adjustments to ensure the safety of all participants of Safety Town.**

**- REGISTRATION FORM CONTINUED ON BACK -**

Office use only: FP # \_\_\_\_\_ CP CA # \_\_\_\_\_

### SAFETY TOWN Waiver and Release of Liability

I, the parent/guardian of \_\_\_\_\_, (print child's full name), for myself and for my minor child, do hereby fully release and hold harmless Safety Town of Santa Barbara County, Goleta Union School District, and any agent, volunteer, or member of these organizations from any and all liability, loss, damages, or injuries arising out of participation in the SAFETY TOWN program in which I have enrolled my child.

I have read and fully understand this Safety Town Waiver and Release.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### Parent Authorization

Photographs/Videos may be taken by outside agencies, (newspaper, television, etc.), during Safety Town activities for publicity purposes. These pictures are not to be used to commercially exploit the student. Do you give permission for your child to be photographed? \_\_\_\_\_ YES \_\_\_\_\_ NO

By registering my child, I give permission for my child to participate in the Safety Town Program. I understand that there will be one off-site field trip, (ride on city bus reserved for Safety Town program only)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Parent Information

- **Please note, Safety Town of Santa Barbara County reserves the right to cancel sessions due to enrollment numbers. You will be notified if this occurs.**
- A parent/guardian must attend an important parent orientation meeting on the first scheduled day, Monday, from approximately 8:30-9:00 a.m.
- Pick up – please **arrive BY 12:00 p.m.** each day. A fee of **\$25** will be charged for every 15 minutes you are late picking up your child.
- Participants must be able to follow simple instructions. Inappropriate and/or unsafe behavior may be grounds for dismissal from the program. The Safety Town staff and Safety Town of Santa Barbara County reserve the right to make appropriate adjustments and/or dismiss any student for behavior which poses a safety risk to themselves or others.
- Would you be interested in helping with snack preparation on any morning of your scheduled session?  
\_\_\_\_\_ YES \_\_\_\_\_ UNAVAILABLE
- How did you hear about SAFETY TOWN? (Please circle all that apply)

Word of Mouth

Internet

Pre-School

Elementary School

SB Independent

A confirmation email or letter will be sent to you within 3 weeks of receipt of your registration form.

**For more information: Call Cyndi @ 805-252-5911, email [ackaghayan@verizon.net](mailto:ackaghayan@verizon.net) or visit our website at [www.sbsafetytown.org](http://www.sbsafetytown.org)**

