



2019 Safety Town Registration Form

Program Fee \$175. Make check payable to Safety Town, and mail with completed registration form to: **SAFETY TOWN, c/o Anne Gould,**

30 Winchester Canyon Rd. # 135, Goleta, CA, 93117

Registration Deadline: July 1, 2019 or 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 Co-pay.

Isla Vista School
For incoming
Kindergarteners or 1st
Graders only

PLEASE PRINT CLEARLY and COMPLETE ALL FIELDS

Child Information

Child Last Name _____ First Name _____ Birth Date - Must be 5 yr. by 9/01/19 and not older than first grade Male Female

Street Address _____ City _____ Zip _____

Parent/Guardian Names (Both if applicable for pick-up) _____ Home Phone / Cell Phone _____ * circle preferred phone # to teach child

Work Phone _____ / E-Mail Address, (for confirmation purposes only) _____

What is your preferred method of contact to receive confirmation? _____ Email _____ Phone call, (home or cell ?) _____ Mail _____

Preschool child is presently attending _____ / School child will attend in the Fall _____ / Primary language spoken by child _____

Session Information -

Please select **ONE** session:

_____ **SESSION 1 – July 8-12** 8:30 a.m.-12:00 p.m.
_____ **SESSION 2 – July 15-19** 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

Physician's Name _____ Phone _____

Emergency Contact- Name/ Relationship _____ Phone _____

Allergies/* Medications _____ / Physical, Social, or Emotional Limitations ? _____ / IEP/ IFSP 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 parent) _____ Phone _____

2. _____
Name _____ Phone _____

- We will only release your child to those authorized by you.
- If children with Special Needs require a 1:1 aide, an AIDE must be 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), with Safety Town participants 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.
- How did you hear about SAFETY TOWN? (Please circle all that apply)

Word of Mouth TV SB Independent Internet/Website Pre-School Elementary School

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

For more information: Call Anne @ 252-7998, or email annegsb@cox.net, or visit our website at www.sbsafetytown.org

Safety Town Tax ID # 77-0050993