2024 Safety Town Registration Form

**For incoming Kindergarteners
or incoming 1st Graders <u>only</u>**

Tuition Fee $200. Scholarships available for families who qualify.

Please 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

*We kindly request a $25 family co-pay if you qualify for scholarship

PLEASE PRINT CLEARLY

PARENT/Guardian # 1 Information

_____
FIRST Name　　　　　　　LAST Name　　　　　　　　　Email Address, (for confirmation purposes only)

_____
Cell Phone　　　/　　Work Phone　　/　Address　　　　　　　　　　　City/Zip Code

PARENT/Guardian # 2 Information

_____
FIRST Name　　　　　　　LAST Name　　　　　　　　　Email Address, (for confirmation purposes only)

_____
Cell　Phone　　　/　　Work Phone　　/　Address　　　　　　　　　　　City/Zip Code
　<u>English　　/　　Spanish</u>
Primary Language requested for communication (please circle)　　　/　　　Payment Voucher Code (If applicable)

EMERGENCY CONTACT Information

_____
Physician's Name　　　　　　　　　　　　　　　　　　Physician's Phone Number

_____
Emergency Contact Person #1 – Name　　　　　Relationship　　　　　　Phone Number

_____
Emergency Contact Person #2 – Name　　　　　Relationship　　　　　　Phone Number

AUTHORIZED PICK-UP (OTHER THAN PARENT/GUARDIAN)

_____
Authorized Pick-Up # 1 – Name　　　　　　Relationship　　　　　　Phone Number

_____
Authorized Pick-Up # 2 – Name　　　　　　Relationship　　　　　　Phone Number

We will not release your child to anyone NOT authorized by Parent/Guardian. **Attach COURT DOCUMENT if applicable**

CHILD INFORMATION

_____
　　　　　　　　　　　　　　　　　　　　　　　　　　__Male__　Female__　Non-Binary
FIRST Name　　　　　　LAST Name　　　　/　Birthdate *Must be 5 yr. by 9/01/24 and no older than entering first grade/ Circle Gender

Phone Number to teach child: _____　Circle:　Cell　　　Home　　　Work

_____
Preschool child is presently attending　　　/　Grade child will be entering in Fall　/　School child will attend in Fall

MEDICAL INFORMATION
*WE ARE NOT AUTHORIZED TO ADMINISTER MEDICATION, INCLUDING INHALERS OR EPIPENS WITHOUT A <u>SIGNED</u> DOCTORS NOTE

Does your child have allergies?: Yes / No　Please list allergies: _____

Does your child require an Epi-Pen?: Yes / No　**Will your child require medication to be taken during Safety Town**?　Yes　/　No

Does your child have physical, social or emotional limitations? Yes / No　Does your child need accommodations?　Yes　/　No
Do they have an IEP or 504 plan?　Yes　/　No
Does your child currently have additional support such as an adult aide or services?　Yes　/　No
*If child has an aide, parent must provide an adult aide each day of program.
Please explain: _____

Parent Authorization

Photographs/Videos may be taken by outside agencies, (newspaper, television, other media, 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 specifically for Safety Town only).

_____   _____
Parent/Guardian Signature   Date

Safety Town Session Selection

Please select <u>one</u> weekly session: 8:30 a.m. -12:00 p.m. Monday-Friday

_____ **Kellogg School SESSION 1 – June 17-21**	_____ **Mtn. View School SESSION 1 – June 17-21**
_____ **Kellogg School SESSION 2 – June 24-28**	_____ **Mtn. View School SESSION 2 – June 24-28**
_____ **Montecito Union School SESSION 1–July 8-12**	_____ **Mtn. View School SESSION 3 – July 8-12**
_____ **Montecito Union School SESSION 1–July 15-19**	

- Due to limited availability, we are a one-time program. Students are ineligible to repeat Safety Town.
- 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.
- Session enrollment is not confirmed until application is completed and payment is received.
- Transferring of sessions is not confirmed until $25 transfer fee is received.

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, Montecito Union School, any agent, director, officer, organizer, supervisor, volunteer, or member of such organization 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

You will receive confirmation at time of completed registration and payment.

**For more information: Email anne@sbsafetytown.org,
or visit our website at www.sbsafetytown.org**

Safety Town Tax ID # 77-0050993