



# 2020 Safety Town Registration Form

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 18, 2020 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 9/01/20 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 – June 22-26: 8:30 a.m.-12:00 p.m.**

\_\_\_\_\_ **\*SESSION 2 – June 29-July 2 \* 4-day week: 8:00 a.m.-12:30 p.m.**

\*Shorter holiday week with extended hours, so campers can enjoy the same experience.

**\*\*\*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 CONSENT form signed by doctor PRIOR to first day.**

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

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

- We will only release your child to those authorized by you. Attach COURT ORDER if applicable
- 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 \_\_\_ # \_\_\_

