



For incoming Kindergarteners or incoming 1st Graders only
2026 Safety Town Registration Form

Tuition Fee \$250. 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 _____
Please circle primary language for communication: English / Spanish/ **Approximate Annual Income (for grant purposes only)** _____
Payment Voucher Code (If applicable) _____ Decline to state _____

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

FIRST Name _____ LAST Name _____ / Birthdate *Must be 5 yr. by 9/01/26 and no older than entering first grade/ Age: _____ Male _____ Female _____ Non-Binary _____
Child's Race/Ethnicity: _____ Phone Number to teach child: _____ Circle: Cell / Home / Work _____
Child's Primary Language _____ / 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 SIGNED 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
Has your child ever been tested for special services or programs? Yes / No
Has your child ever participated in special services and programs? Yes / No / **If yes, please explain:** _____
Does your child currently have additional support such as an adult aide or services? Yes / No
***If child currently receives aide support, parent MUST provide an adult aide each day of program.**

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 one weekly session: 8:30 a.m. -12:00 p.m. Monday-Friday

_____ Kellogg School SESSION 1 – June 15-19

_____ Monte Vista School SESSION 1 – June 22-26

_____ Kellogg School SESSION 2 – June 22-26

_____ Monte Vista School SESSION 2 – June 29-July 3

_____ Kellogg School SESSION 3 – June 29-July 3

- 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, Hope Elementary School District, 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, fully understand, and agree to 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