

2025 Safety Town Registration Form



**For incoming Kindergarteners
or incoming 1st Graders only**

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 _____

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 _____ Age: _____ Male _____ Female _____ Non-Binary _____
*Must be 5 yr. by 9/01/25 and no older than entering first grade/ Circle Gender

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

_____ Mtn. View School SESSION 1 – June 16-20

_____ Isla Vista School SESSION 1 – July 7-11

FULL _____ Mtn. View School SESSION 2 – June 23-27

_____ Isla Vista School SESSION 2 – July 14-18

_____ Montecito Union School SESSION 1 – June 16-20

_____ Montecito Union School SESSION 2 – June 23-27

- 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, 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