**Session \_\_\_\_\_\_\_ Class Assign \_\_\_\_\_\_\_\_\_**

**Sibling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Check # \_\_\_\_\_\_\_\_ or Paypal\_\_\_\_\_\_\_\_\_\_\_\_**

SAFETY TOWN APPLICATION – 2017

PLEASE PRINT AND COMPLETE THE ENTIRE APPLICATION

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age on 6/19/17 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone Number (other than phone number listed above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Relationship of Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate which session you prefer: (Monday – Thursday 9 a.m. to 12 p.m.)

\_\_\_\_\_\_\_\_\_\_ Session 1: Monday, June 19 – Thursday, June 29, 2017

\_\_\_\_\_\_\_\_\_\_ Session 2: Monday, July 3 – Thursday, July 13, 2017 (No Safety Town on Tuesday, July 4, 2016)

Does your child have any of the following? Please circle all that apply:

Food allergies

Bee sting allergies

Physical limitations

Hospitalized in the last year

Diabetes

Asthma

Other (Please describe in detail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you circled any of the above, a Safety Town staff member may contact you.

**I understand that the Rotary Club of York East and the Safety Town staff will not be responsible for personal injury nor will they administer any medications. I give my consent for my child to participate in the Safety Town Program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**\*REMINDER: All children must be completely potty trained at time of application.**

Register by May 19, 2017 $85 per child Registration includes t-shirt

Please circle the child’s size Child size XS (2-4) SM (6-8) Med (10-12) L (14-16) Adult Small

Register after May 19, 2017 $90 per child No T-shirt

**All applications must be postmarked May 19, 2017. Please make checks payable to Rotary Club of York East. This application can be copied and shared with friends. One application per child, please.**