Vermilion Safety Town Registration Form 2024

June 10th – June 21st (Monday through Friday)

PLEASE PRINT				
CHILD'S NAME			Male	Female
ADDRESS				
PHONE	PHONEBIRT		AC	GE
PARENT OR GUARDIAN		<u>Em</u>	ergency Contact	<u>t</u> #:
Email adc	lress:			_
CHILD'S TEE-SHIRT SIZE	: (circle one)	Small (6-8)	Medium (10-12)	Large (14)
Please check session preferred:		Afternoo	9:30 -11:30 AM _ n 1:00 - 3:00 PM Preference	
Please Note: Session preferences assigned by date registration is received.				
Ma <u>Please put your address and a stamp</u> <u>reminders will be sent in June and y</u>	5791 Vermilic 5 on the attach	N SAFETY TOV Liberty Ave. on, Ohio 4408 ed postcard (VN 9 and include it wit	
Please make checks payable to: F.O.	.P. SAFETY TOW	'N		
Registration must be received by: NO LATER THAN May 31st, 2024				
Please check one: Would you help by baking cookies for graduation day?				
YES	NO			
I hereby give consent for my son/daug program, including a school bus trip to	ghter, the Police Stc	ition and Wer	to participa ndy's.	te in the F.O.P. SAFETY TOWN
I furthermore release Harbourtown Loc from any responsibility for any injuries re program.	-			
Parent or Guardian signature			Date_	
***If there are any medical issues (alle	raies, chronic	Illness etc)	hat we should be	e aware of, please check

***If there are any medical issues (allergies, chronic Illness etc...) that we should be aware of, please check here _____. Explain on the back of this form. Please note any other special circumstances that may apply to your child, as well.

Please contact Kate Lulovics at 440-967-6116 / <u>klulovics@cityofvermilionohio.gov</u> with any questions.