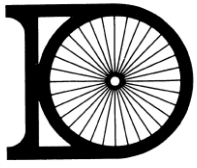


Delaware County Collaborative Safety Town



City of Delaware
Parks & Recreation Department

500 E. Lincoln Ave.
Delaware, OH 43015
740-203-1450



7991 Columbus Pike
Lewis Center, Ohio 43035
740-201-3600

Delaware County Collaborative Safety Town is a 5 day educational program geared for children ages 5-8. Safety Town is an interactive program that is designed to educate children in a variety of safety topics and techniques that can be utilized in real-life situations. Topics include: fire safety, bike, bus and pedestrian safety, the proper use of 911, poisons, stranger awareness, traffic safety, and animal safety. In addition, participants will be introduced to fire fighters, police officers, and many other community helpers. This program is administered by Community Liaison Officer Rita Mendel, Delaware City PD and run by volunteers.

Who: DCBDD Consumers, ages 5-8

When: June 23rd – 27th, 12:30 – 3:00 PM

Where: Conger Elementary School, 10 Channing Street, Delaware, Ohio 43015

Cost: \$35, Includes t-shirt, bicycle helmet, and crafts. If you would like to use your DCBDD Local Funding contact your Support Administrator for a PAS. If paying by check, please make checks payable to Delaware Community Center YMCA and return to your Support Administrator with your registration form.

Registration Deadline: May 16th. Return registration form and payment to your Support Administrator.

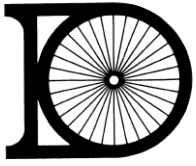
Safety Town is open to the first 28 DCBDD consumers who return completed registration form and payment. A responsible caregiver (16 or older) is required to attend if your child requires assistance with toileting, medication, and/or behavior management. Any remaining spots will be available for siblings at the close of registration. Families will be contacted beginning May 19th for registration confirmation and to begin sibling registration.

On Friday June 27th, there will be a short graduation ceremony at the close of Safety Town. A small snack and drink will be provided. If your child is on a special diet, feel free to bring a substitute snack.

For questions please contact: Adam Thacker 740-201-5860 or Jocelyn Fleming 740-201-5845.



Delaware County Collaborative Safety Town Registration Form



City of Delaware
Parks & Recreation Department

500 E. Lincoln Ave.
Delaware, OH 43015
740-203-1450



7991 Columbus Pike
Lewis Center, Ohio 43035
740-201-3600

June 23rd – 27th, 12:30 – 3:00 PM, Ages 5-8, Cost: \$35, Registration Deadline: May 16th
Conger Elementary School, 10 Channing Street Delaware, Ohio 43015
Caregiver participation required for children who require assistance with toileting,
medication, and/or behavior management.
28 Student Maximum. Remaining spaces will be open for sibling participation.

Please complete and return to your DCBDD Support Administrator:

Child's Name: _____

First

Last

MI

Nickname (if applicable) for nametag: _____ Date of Birth: _____ Age: _____

Gender: Male Female Family Doctor: _____

Name

Telephone

Does your child have siblings who would like to fill remaining spaces: Yes No Number & Age: _____

Does your child need any accommodations related to a disability (mobility/sensory/communication/etc.)?

Please Explain: _____

Responsible Party: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Emergency: _____

Email Address: _____

CONSENT TO USE PHOTOGRAPHS: *I understand that photographs may be taken of me and/or my child at any recreation program or facility for publication in material used to promote department programs, classes, or events.*

LIABILITY WAIVER/MEDICAL TREATMENT: *I hereby consent to the above named child participating in Safety Town and understand and agree that the City of Delaware and/or its employees/volunteers are not to be held liable in any way for any possible injuries that said person may incur while participating in said Safety Town. I further authorize any necessary medical treatment to be administered by authorized emergency personnel and/or licensed medical personnel.*

Signature of Parent/Guardian

Date

Method of Payment: PAS Cash Check #: _____

Make Checks Payable to: Delaware Community Center YMCA *and return to your Support Administrator*

Support Administrator: _____