



Applicants must be entering a Fall 2017 Kindergarten Program

Please print clearly, and fully complete the application.

Child's Name:

Male
 Female

First Name Last Name Nickname

Date of Birth: ____/____/____ Will attend Kindergarten at: _____
Currently attends pre-school/child care at: _____

Home Address: _____
Street Town State ZIP Code

Parent's Name: _____ Caregiver's Name: _____
First Name Last Name First Name Last Name

Daytime Phone Cell Phone E-mail Address

Safety Town 2017 will be held at The Eastern Greenwich Civic Center
Tuition = \$195 (Includes Bike Helmet). There are limited spaces in each session.
Please rank (1-4) all possible choices in order of preference.

___ Session 1 June 5-9 (9:00am to 11:30am) ___ Session 2 June 5-9 (12:30pm to 3:00pm)
___ Session 3 June 12 - 16 (9:00am to 11:30am) ___ Session 4 June 12-16 (12:30pm to 3:00 pm)

Registration Checklist

*****Incomplete Forms will NOT be Processed*****

___ I would like to donate \$_____ to help support the costs of Safety Town, including scholarship fees.

___ I have enclosed a check for the total amount of \$_____

___ I would like to pay by credit card (VISA, American Express, Master card) in the amount of \$_____

Card number: _____ Expiration date: _____

Authorized Signature _____ **NO APPLICATIONS/REFUNDS AFTER MAY 26, 2017**

___ I have ranked each session according to my preference.

___ I would like my child to be in the same group as _____

___ I have completed both sides of the application and signed the back.

___ I am requesting scholarship assistance. (Do not send a check. Registration will be processed and a scholarship form will be mailed to you.)

Send Application and Payment Payable to: Metro New York North Chapter--American Red Cross, 99 Indian Field Rd., Greenwich, CT 06830

Confirmations and/or Waitlist Notifications will be mailed the week of May 1, 2017. NO PHONE CALL INQUIRIES, PLEASE.

Questions? Please contact 203-869-8444 or - safetytown.GNY@redcross.org

