



Applicants must be entering a Fall 2018 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 _____ Caregiver's _____
Name: First Name Last Name Name: First Name Last Name

Daytime Phone

Cell Phone

E-mail Address

**Safety Town 2018 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 4 - 8 (9:00am to 11:30am) ___ Session 2 June 4 - 8 (12:30pm to 3:00pm)

___ Session 3 June 11 - 15 (9:00am to 11:30am) ___ Session 4 June 11-15 (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 25, 2018**

___ 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

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

Child's _____

Name: First Name Last Name

EMERGENCY CONTACT INFORMATION

Emergency _____

Contact #1 Name Phone Number Relationship

Emergency _____

Contact #2 Name Phone Number Relationship

I, the undersigned parent/guardian, give my child permission to participate in all activities at Safety Town 2018 sponsored by the MNYN Chapter of the American Red Cross. I understand that first aid trained personnel will be on site at all times for minor injuries. In case of a medical emergency, all reasonable efforts will be made to contact designated individuals before the administration of treatment, each of whom is authorized to provide required consent. Notwithstanding the foregoing, I understand that in certain situations Safety Town staff may need to first:

- 1. Contact local EMS, and if they deem advanced treatment necessary, I agree that my child may be transported at my expense.
- 2. Administer pre-designated Epi-pen and/or other allergic reaction treatment.

In the event that the contacts listed cannot be reached, I hereby give my permission to Safety Town personnel to take any emergency measures that they deem necessary for the care and protection of my child. Such emergency measures may include, without limitation, medical treatment/attention as determined by local EMS unit or disaster evacuation procedures.

I give to the American Red Cross, its designees, agents and assigns unlimited permission to use, publish and republish in any form or media information about me and my likeness (photographic or otherwise) voice, with or without identification of me by name. I consent and agree, individually and as parent or legal guardian of the minor named above, to the foregoing terms and provisions.

Restrictions/Allergies

Modifications for my child: _____

My child is allergic to: _____

My child has an: ___Epi-pen ___ Other ___ allergy medication _____

Epi-pens, medication and instructions/indications must be provided in a clearly labeled bag.

Other medical conditions: _____

Pediatrician: _____

Name Phone

Parent's Name: Parent's
(Print) _____ Signature _____

*****Incomplete Forms will NOT be processed*****

Safety Town is a program of the Metro New York North Chapter of the American Red Cross