



@CCSAFETYTOWN

# CHEROKEE COUNTY SAFETY TOWN REGISTRATION FORM

SAFETY TOWN IS SPONSORED BY SAFE KIDS CHEROKEE COUNTY

OPEN TO ALL CHILDREN IN CHEROKEE COUNTY WHO WILL ATTEND KINDERGARTEN IN FALL 2018  
\$80 PER CHILD FOR A 5-DAY SESSION

COMPLETED AND SIGNED REGISTRATION FORMS WILL BE ACCEPTED UNTIL SESSIONS ARE FULL

PLEASE INCLUDE A CHECK MADE PAYABLE TO CHEROKEE COUNTY SAFETY TOWN

SEND TO: SAFE KIDS CHEROKEE COUNTY 1130 BLUFFS PARKWAY CANTON, GA 30114

VISIT [SAFEKIDSCHEROKEECOUNTY.ORG/SAFETYTOWN](http://SAFEKIDSCHEROKEECOUNTY.ORG/SAFETYTOWN)

FOR IMPORTANT ANNOUNCEMENTS AND UPDATES

THIS IS A 2-PAGE FORM. PLEASE COMPLETE BOTH PAGES.

## CHILD INFORMATION - PLEASE USE A SEPARATE FORM FOR EACH CHILD

CHILD'S NAME _____	BIRTHDAY _____
NAME CHILD IS CALLED (IF DIFFERENT) _____	CHILD T-SHIRT SIZE: S M L
HOME ADDRESS _____	HOME PHONE # _____
PARENT #1 NAME _____	PARENT #2 NAME _____
PARENT #1 WORK _____	PARENT #2 WORK _____
PARENT #1 CELL _____	PARENT #2 CELL _____

CONFIRMATION OF REGISTRATION WILL BE SENT TO YOU VIA EMAIL AS WELL AS ANY FUTURE COMMUNICATION.

PRIMARY CONTACT EMAIL ADDRESS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT SAFETY TOWN? (PLEASE CIRCLE ALL THAT APPLY.)

FRIEND	INTERNET	AROUND TOWNE MAGAZINE	SAFE KIDS CHEROKEE COUNTY
NEWSPAPER (NAME OF PAPER) _____	PRE-SCHOOL (NAME OF SCHOOL) _____		

## SESSION INFORMATION - INDICATE A 1ST AND 2ND CHOICE

SESSIONS ARE FILLED ON A FIRST-COME, FIRST-SERVED BASIS. ALL SESSIONS ARE HELD AT BASCOMB ELEMENTARY SCHOOL IN WOODSTOCK, CORNER OF TOWNE LAKE PARKWAY AND WYNGATE PARKWAY. ALL SESSIONS ARE 9AM TO NOON.

\_\_\_\_\_ SESSION #1 JUNE 4-8    \_\_\_\_\_ SESSION #2 JUNE 11-15    \_\_\_\_\_ SESSION #3 JUNE 18-22

## FRIEND REQUEST

WE MAKE EVERY EFFORT TO ACCOMMODATE CLASSROOM REQUESTS; HOWEVER, WHEN A CONFLICT ARISES, SAFETY TOWN RESERVES THE RIGHT TO ASSIGN THE BEST AVAILABLE GROUP SPACE. PLEASE INITIAL HERE \_\_\_\_\_ THAT YOU ACCEPT AND UNDERSTAND THAT YOUR FRIEND REQUEST IS NOT GUARANTEED. NO FRIEND ACCOMMODATIONS WILL BE MADE THE DAY OF SAFETY TOWN.

NAME OF FRIEND REQUEST \_\_\_\_\_

### REFUND POLICY

I UNDERSTAND THAT A WRITTEN NOTICE IS REQUIRED WITHIN 2 WEEKS OF THE SESSION START DATE TO CANCEL MY CHILD'S SAFETY TOWN SESSION AND RECEIVE A \$25 REFUND.  
PLEASE INITIAL \_\_\_\_\_

NO REGISTRATION WILL BE PROCESSED WITHOUT FULL PAYMENT AND A COMPLETED AND SIGNED REGISTRATION FORM.

PAYMENT INFORMATION:

CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ DATE MAILED \_\_\_\_\_

CHILD NAME \_\_\_\_\_

PREFERRED SESSION # \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION - CHECK ALL THAT APPLY

DOES YOUR CHILD HAVE A HISTORY OF: ADHD/ADD \_\_\_\_\_ ALLERGIES (FOOD, PET, MEDICAL) \_\_\_\_\_ ASTHMA \_\_\_\_\_  
DIABETES \_\_\_\_\_ PHYSICAL HANDICAPS \_\_\_\_\_ OTHER \_\_\_\_\_

IF YOU CHECKED ANY OF THE ABOVE ITEMS, PLEASE DESCRIBE SPECIAL CARE INSTRUCTIONS OR OTHER INFORMATION THAT MAY BE NEEDED BY THE SAFETY TOWN STAFF:

\_\_\_\_\_

EMERGENCY CONTACT NAME/RELATIONSHIP/PHONE \_\_\_\_\_

EMERGENCY CONTACT NAME/RELATIONSHIP/PHONE \_\_\_\_\_

CHILD'S PHYSICIAN NAME AND PHONE # \_\_\_\_\_

SAFETY TOWN TEACHERS AND VOLUNTEERS ARE NOT AUTHORIZED TO ADMINISTER ANY MEDICATIONS.

\*IF YOUR CHILD HAS SPECIAL NEEDS OUTSIDE THE SCOPE AND TRAINING OF OUR STAFF AND VOLUNTEERS, YOU MAY BE ASKED TO PROVIDE A SHADOW-AIDE FOR YOUR CHILD.

I CERTIFY THAT MY CHILD IS UP-TO-DATE ON ALL IMMUNIZATIONS. PLEASE INITIAL \_\_\_\_\_

## RELEASE OF LIABILITY/INDEMNITY

\*MODIFIED RELEASES WILL NOT BE ACCEPTED

I, PARENT/GUARDIAN OF \_\_\_\_\_, FOR MYSELF AND FOR MY MINOR CHILD, DO HEREBY FULLY RELEASE AND FOREVER DISCHARGE CHEROKEE COUNTY SAFETY TOWN, SAFE KIDS CHEROKEE COUNTY, CHEROKEE COUNTY COUNCIL OF PTAS, MY AGENT, DIRECTOR, OFFICER, ORGANIZER, SUPERVISOR, CHEROKEE COUNTY SAFETY TOWN STAFF, VOLUNTEERS AND GUEST PARTICIPANTS, FROM ANY AND ALL CLAIMS FOR INJURIES, DAMAGES, OR LOSS THAT MY MINOR CHILD OR I MAY HAVE (OR WHICH MAY OCCUR TO ME OR MY MINOR CHILD) ARISING OUT OF PARTICIPATION IN THE SAFETY TOWN ACTIVITIES IN WHICH I HAVE ENROLLED MY MINOR CHILD. I FURTHER AGREE TO INDEMNIFY AND DEFEND AGAINST ANY SUCH CLAIMS.

PHOTOGRAPHS/VIDEO ARE TAKEN FOR LOCAL NEWS AND PRINT MEDIA AS WELL AS FOR SAFETY TOWN PUBLICATIONS. I UNDERSTAND THAT MY CHILD MAY BE PHOTOGRAPHED OR VIDEOTAPED DURING SAFETY TOWN FOR PUBLICITY OR EDUCATIONAL PURPOSES.

I HAVE READ AND FULLY UNDERSTAND THIS SAFETY TOWN RELEASE OF LIABILITY.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PICKUP POLICY

WITHOUT EXCEPTION, ALL PERSONS, INCLUDING PARENTS, WILL BE REQUIRED TO STATE THE CODE WORD BEFORE PICKING UP CHILD.

A CODE WORD WILL BE REQUIRED FOR PICKUP. ANY PERSON WITHOUT THE PROPER CODE WORD WILL NOT BE GRANTED PERMISSION TO TAKE HOME YOUR CHILD.

CODE WORD: \_\_\_\_\_

I UNDERSTAND THE IMPORTANCE OF THE CODE WORD, AND I AGREE TO USE THE CODE WORD DAILY AND TO GIVE THE CODE WORD ONLY TO PEOPLE WITH PERMISSION TO PICK UP MY CHILD.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE REFER TO THE WEBSITE FOR IMPORTANT INFORMATION REGARDING DROP OFF AND PICK UP INSTRUCTIONS AS WELL AS WHAT TO WEAR, WHAT TO BRING, GRADUATION, AND MUCH MORE.

SAFEKIDSCHEROKEECOUNTY.ORG/SAFETYTOWN