



WELCOME TO THE MANSFIELD POLICE DIVISION SAFETY TOWN PROGRAM!

2023 SAFETY TOWN PROGRAM!

- FIRST SESSION -** JUNE 12, 13,14,15,16, 20,21,22,23 (closed June 19th)
Woodland, Foundation Academy,
Spanish Immersion, Madison
- SECOND SESSION -** June 26,27,28,29,30 JULY 3,5,6,7 (Closed July 4)
St Peters, 1st Assembly Day Care, Mansfield Christian, RSSA,
St Mary's
- THIRD SESSION -** JULY 10,11 12,13,14, 17,18,19,20 21
Sherman, Discovery, Springmill
Mansfield Area Y, Temple Christian
Open enrollment

Sessions are divided out by the Mansfield City elementary school your child will attend in the fall. It is for your child's benefit to socialize with children he or she will attend school with. Please refer to the above information to determine which session your child's school is assigned to. ****CHILDREN WHO'S SCHOOL IS NOT LISTED ABOVE WILL BE ASSIGNED TO A SESSION WITH OTHER CHILDREN IN THE SAME SCHOOL DISTRICT.**

- ❖ **ALL CHILDREN MUST BE PRE-REGISTERED TO ATTEND SAFETY TOWN.**
- ❖ **REGISTRATION CUT OFF IS ONE WEEK PRIOR TO THE START OF EACH SESSION.**
- ❖ **ALL CHILDREN ENTERING KINDERGARTEN IN THE FALL OF 2022 ARE INVITED TO ATTEND**

All sessions for Safety Town will be held at Spanish Immersion School at the corner of Arlington and 240 Euclid from 9:00 a.m. till noon. Sessions are held for 10 days (Monday thru Friday for two weeks) excluding holidays (June 19th) (July 4th)
For further information on the Safety Town program please contact:

Ginger Antrican, Safety Town Director
30 North Diamond Street;
419-755-9428

Between 9:30 a.m. and 6:00 p.m. Monday thru Thursday.



MANSFIELD POLICE DIVISION SAFETY TOWN REGISTRATION FORM

*SESSION _____

*Sessions are divided out by the elementary school your child will attend in the fall. It is for your child's benefit to socialize with children he or she will attend school with. Children attending the same school may not necessarily be placed in the same classroom. Please refer to the parent information sheet to determine which session your child's school is assigned to.

| | | | |
|---|-------------|----------------|--------|
| CHILD'S NAME: | AGE: | DATE OF BIRTH: | M/F |
| CHILD'S ADDRESS: | PHONE: | | ZIP: |
| SCHOOL TO ATTEND IN SEPT: | | | |
| FAMILY DOCTOR: | LOCATION: | PHONE: | |
| IN CASE OF AN EMERGENCY (IN THE PARENT'S ABSENCE) NOTIFY: | | | PHONE: |
| MOTHER'S NAME: | HOME PHONE: | WORK: | |
| FATHER'S NAME: | HOME PHONE: | WORK: | |

LIST ANY MEDICAL PROBLEMS/CONCERNS: _____

RELEASE OF LIABILITY

I hereby grant permission by my signature on the Safety Town Registration Form for my son/daughter to participate in the above program activity sponsored by the Mansfield Division of Police.

In consideration of acceptance into the activities offered by the Mansfield Division of Police I/We, intending to be legally bound, do hereby for myself, my child, my heirs, executors, administrators, and assigns do hereby assume all risk of personal injury or death participating in such a program and activities while entering, being about, or leaving the property where such programs are conducted, and release agents, and servants of and from any and all actions, cause of actions, claims, demands, damages, cost in any way connected and will indemnify and save harmless said city, its officers, employees, agents, and servants from nay such liability.

I/We further understand and have full knowledge that by signing the Safety Town Registration Form, I/We hereby give up all rights to recover any and all damages from the above entities and individuals which may be suffered as a result of such activities and programs.

I UNDERSTAND AND AGREE TO THE RELEASE OF LIABILITY FOR ALL PARTICIPANTS IN ALL SAFETY TOWN SESSIONS.

DATE: _____ SIGNATURE: _____

PHOTO RELEASE

I/We GIVE MY PERMISSION _____ DO NO GIVE PERMISSION _____ to the Mansfield Division of Police to use digital photographs of my child in print and other media including the Mansfield Division of Police's website, exclusively for the promotion of the Mansfield Division of Police programs.

I understand that these photos will never identify my child and that all information that identifies me, my child, my residence, or my child's school, is strictly confidential.

I understand that these photos may be cropped or digitally retouched at the discretion of the Mansfield Division of Police.

DATE: _____ SIGNATURE: _____

Mail completed form to: Mansfield Police Division, Safety Town Program, 30 N. Diamond Street, Mansfield, Ohio 44902