

Jackson Township Safety Village

Information and Registration Form



Dear Parents:

Our 2022 SAFETY VILLAGE Program, for children who reside in Jackson Township and have completed Kindergarten or First Grade during the 2021-2022 school year, will be held at Sauder Elementary School, Mon. - Thurs., June 13-16, 2022, from 8:45 a.m. to 12 Noon.

Safety Lessons/Topics include: POLICE DAY, FIRE DAY, BUS & PEDESTRIAN SAFETY, GUN SAFETY, POISONS & DRUGS, WATER/POOL SAFETY AND PERSONAL HYGIENE.

The fee for the week is \$20.00 (No Refunds), and includes a SAFETY VILLAGE T-shirt, snacks, and supplies for your child for the week.

**** APPLICATIONS WILL BE AVAILABLE BEGINNING APRIL 4, 2022 AND THE DEADLINE FOR REGISTRATION IS MAY 27, 2022. Walk-in registrations cannot be accepted due to enrollment limit of 150 children, and the instructional group planning for our Village.**

CHECK-IN/CHECK-OUT PROCEDURES: On June 13, 2022, please check your child in at the SAFETY VILLAGE registration table, pick up a T-shirt and take your child to the assigned classroom. Our Leaders and Youth Counselors will be there to welcome your child and get them ready for our POLICE DAY.

At 12:00 Noon, pick up your child at the assigned classroom, where volunteers will "check-out children" each day.

Drop off time each day is between 8:45 a.m. and 9:00 a.m.

Parents are invited to attend our GRADUATION PROGRAM on Thursday, June 16, 2022 at 10:00 a.m. During the week, pictures will be taken of the children. Please complete the Safety Village Media Release form indicating permission or denial of media use of your child.

DON'T DELAY!! ENROLLMENT IS LIMITED TO 150 CHILDREN ON A "FIRST COME/FIRST SERVE" BASIS. Mail or bring cash or check (payable to JACKSON TOWNSHIP SAFETY VILLAGE) along with REGISTRATION/MEDICAL FORM and MEDIA to:

JACKSON TOWNSHIP SAFETY CENTER
7383 FULTON ROAD NW
MASSILLON, OH 44646
(ATTENTION: BREA)

2022 SAFETY VILLAGE REGISTRATION
****NO CONFIRMATION WILL BE MAILED BACK****

Please make checks payable to Jackson Township Safety Village

Amount Enclosed \$ _____ Check/Cash

Child's Name _____ Boy / Girl
Date of Birth _____ T-shirt size (child sizes – circle one) S M L
School _____ Age _____ Current Grade _____ (6-8) (10-12) (14-16)
Home Address _____ Zip _____
Home Phone _____ Cell Phone _____ Emergency Phone _____
Parent/Guardian Name(s) _____

**My child has my permission to be picked up by _____

_____ I will provide (1 dozen) cookies for graduation on Thursday, June 16, 2022.

PARENT SIGNATURE _____

Drop off time each day is between 8:45 a.m. and 9:00 a.m. Pickup time is 12:00 noon at your child's classroom.

***If someone other than a parent is picking up a child, we must have that person indicated on the line above, or daily written notice provided to their child's group leader.*

JACKSON TOWNSHIP SAFETY VILLAGE
EMERGENCY MEDICAL AUTHORIZATION - 2022

Enrollment in Safety Village is voluntary. Jackson Local Schools and any of its employees or persons volunteering for the program will not be held responsible for any injuries as a result of the planned activities.

PLEASE COMPLETE PART I OR PART II, *NOT BOTH*

Part I – TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the designated physician or dentist, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the designated hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date

Signature of Parent or Guardian

Part II – REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the program authorities to take no action or to: _____

Date

Signature of Parent or Guardian

PLEASE COMPLETE RELEASE FORM

JACKSON SAFETY VILLAGE MEDIA RELEASE FORM

I GRANT

I DENY

permission to Jackson Township Safety Village to use my child's photograph, slide, audio and/or video recording in its media releases, presentations, website and/or Facebook page. Only photographs are used. No information regarding a child's identity, such as a name tag, is published.

Child's Name

Parent/Guardian Signature

Date

For further information concerning this safety program, please contact:

Jackson Township Fire Prevention Bureau
330-834-3951