

# Jackson Township Safety Village

## Information and Registration Form



Dear Parents:

Our 2025 SAFETY VILLAGE Program, is for children who reside in Jackson Township and **have completed Kindergarten or First Grade during the 2024-2025 school year**, will be held at Lake Cable Elementary School, **Mon. – Thurs., June 9-12, 2025**, from 8:45 a.m. to 12:00 Noon.

Safety Lessons/Topics include: POLICE DAY, FIRE DAY, BUS & PEDESTRIAN SAFETY, GUN SAFETY, BIKE SAFETY, WATER/POOL SAFETY AND WILDLIFE SAFETY.

The fee for the week is \$30.00 (No Refunds), and includes a SAFETY VILLAGE T-shirt, snacks, and supplies for your child for the week.

**APPLICATIONS WILL BE AVAILABLE BEGINNING APRIL 1, 2025 AND THE DEADLINE FOR REGISTRATION IS MAY 23, 2025 (or until full).** Walk-in registrations cannot be accepted due to enrollment limit of 120 children, and the instructional group planning for our Village.

**CHECK-IN/CHECK-OUT PROCEDURES:** On June 9, 2025, 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.

- **Daily Drop off: 8:45 a.m. and 9:00 a.m.**
- **Daily Pick-up: 12:00 Noon, pick up your child at the assigned classroom, where volunteers will “check-out children” each day.**

Parents are invited to attend our GRADUATION PROGRAM on **Thursday, June 12, 2025 at 10:30 a.m.**

Throughout the week, photos will be taken of the children. Please complete the **Safety Village Media Release Form** to indicate your permission (or denial) for media use of your child’s image.

### **DON’T DELAY — SPOTS FILL QUICKLY!**

Enrollment is limited to **120 children** on a **first-come, first-served** basis.

To register, please submit the following items:

- Registration/Medical Form
- Media Release Form
- GASP Authorization Form
- Cash or check (payable to Jackson Township Safety Village)

Send or deliver to:

**Jackson Township Safety Center**

7383 Fulton Road NW

Massillon, OH 44646

**Attn: Brea**

**2025 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 \_\_\_\_\_

Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Age \_\_\_\_\_ Grade Attending **2025-2026** School Year \_\_\_\_\_

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 12, 2025.**

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 - 2025**

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

*EDUCATION + PREVENTION = CHILD PROTECTION*

# GASP

GASP, Guardians Advocating Child Safety and Protection, began serving the community in 2006 to help provide a safer environment for our children by delivering safety programs to protect them from dangerous situations, sex offenses, abuse and abduction. We believe that Education + Prevention = Child Protection!

Our Fingerprint/ID events and safety information are provided free of charge for everyone throughout our community and beyond. We partner with the Summit County Sheriff's Office, many local police departments and school systems. If there is an in-person event, GASP will provide parents with an information sheet that they need to fill out with their child's pertinent information. All the information is then inputted into the computer. 2 photos; front and side, digital fingerprints, and a short video will be taken of the child and put on the disc that will then be delivered to the parent or guardian. If there is no in-person event, individual ID kits and safety material will be distributed to the parents by the person in charge of the safety program.

The parents or guardians will be the only ones to receive the ID USB Flash drive. **WE DO NOT KEEP ANY OF THE INFORMATION, NOTHING IS SAVED!** Both in-person and non in-person events will receive a DNA kit and safety information and tips to help keep children as safe as possible. We recommend that you update the ID kits yearly, when possible.

The ID disc can be viewed on your home computer. You can also print out part of the disc information and make your own ID card. If you are receiving the individual ID kit, that can be filled out at home at your convenience.

Thank you very much for caring about your child's safety!

Sincerely,

GASP

# GASP

GUARDIANS ADVOCATING CHILD SAFETY & PROTECTION

**WE DO NOT KEEP ANY DATA FROM THE DISC!**

Child's First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Nick Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Gender \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_

Glasses \_\_\_\_\_

Race \_\_\_\_\_

Date of Birth \_\_\_\_\_

Distinguishing Marks \_\_\_\_\_

Other Health Considerations \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

The CD you receive can be viewed on any computer containing a CD drive. The icons can be viewed. The video icon must be dragged to the desk top in order to view the video. The Preview Summary icon can be printed on your computer. Please bring your previously burned CD to any future fingerprinting event so we can update your child's information.

In the event your child is missing, give the completed CD to the responding police agency. Please keep the CD in a safe place! When traveling with your child, feel free to take the disc with you. If your child is traveling without you, you can e-mail the PDF form to the child's location, if needed.

PARENTAL CONSENT: \_\_\_\_\_