

SAFETY TOWN STARS 2015 GENERAL INFORMATION

Dear Parents,

The City of Stow is holding **Safety Town Stars**. This offering is being designed in response to a need that we have identified for students who have a developmental disability and will benefit from a modified Safety Town curriculum at an age that is older than the traditional Safety Town. This program is open to students with developmental disabilities going into first grade through high school. Safety Town Stars is a safety education program that teaches students topics such as fire safety, safety belts, pedestrian safety, bus safety, stranger awareness, dog bite prevention and playground safety. Safety Town Stars employs two full-time certified special education teachers to plan and lead the daily educational process. They are assisted by the Education Specialists from the Stow Fire and Police Departments, as well as other outside safety experts.

THINGS YOU NEED TO KNOW ABOUT SAFETY TOWN STARS

1. **Safety Town Stars will be held August 3-6, 2015 from 9:00 AM until Noon.**
2. The fee for Safety Town Stars is \$40.00. **The deadline for applications is July 27, 2015.** Only checks or money orders made out to **City of Stow** will be accepted- please do not send cash. Mail all completed applications to:
**Stow Safety Town
c/o Stow Youth Services
3800 Darrow Road
Stow, Ohio 44224
(330)689-5860**
3. Volunteers will be assisting students during the day. Parents are welcome to stay with their children if they want.
4. All classes will begin and end at Stow Police Department, 3800 Darrow Rd., Stow. During Safety Town, students will take tours in and around the building. Students will also take a bus trip to the Safety Village.
5. Parents are required to bring their child into the Safety Building and escort him/her to his/her table **and** pick him/her up from the table at the end of each day. **Do not drop your child off at the door.** We will not release your child to anyone other than parents unless prior notification is given.
6. Snacks and drinks will be provided daily. Send a special snack **only** if your child has an allergy. The snack list will be posted at the beginning of the week for your convenience.
7. Children should dress in weather appropriate clothes and wear sneaker-type shoes so that they can actively participate.
8. A celebration of what your child has learned will take place on Thursday, August 6th at 11:00am at Stow Police Department in the Community Room.

**SAFETY TOWN STARS REGISTRATION AND
EMERGENCY INFORMATION FORM**
SUBMIT THIS FORM WITH PAYMENT BY JULY 27, 2015
PLEASE MAKE ALL CHECKS AND MONEY ORDERS PAYABLE TO:
CITY OF STOW

Child's Name _____ Date of Birth _____

Address _____ Home Phone _____

Parent's Name _____ Phone _____ (H) _____ (C)

Parent's Name _____ Phone _____ (H) _____ (C)

Email Address _____

In case of a **non-life threatening emergency**, please list the name of a relative or other trusted adult authorized to care for your child if you cannot be contacted:

Name _____

Relationship to child _____

Telephone _____ Cell _____

Please list any **allergy/illness/disability** that your child has of which the Safety Town Stars Staff needs to be aware:

In case of an accident or serious illness, I authorize the staff of Safety Town Stars to call the physician listed below for instructions or seek emergency medical assistance if deemed necessary.

Signature of Parent or Guardian

Date

Physician's Name _____ Phone _____

Approval for Field Trips

I give permission for my child to participate in a bus ride during his/her scheduled time. Seat belts will not be available on the bus.

Signature of Parent or Guardian

Date

Please Circle Child's T-shirt Size Child: S(6-8) M(10-12) L(14-16)
Adult: S M L

CONSENT TO PHOTOGRAPH AND PUBLISH

The undersigned parent/legal guardian of _____, a minor, does hereby consent to have the City of Stow, through the Stow Safety Town Stars Program photograph my child for Stow Safety Town Stars promotional or commemorative purposes. I further consent and acknowledge that said photograph may be published or reprinted. I acknowledge that by refusing to sign this document my child may, through the course of the program, be photographed, but that photograph will not be reprinted, published or used for any promotional or commemorative purposes.

Parent/ Legal Guardian

Date