



Safety Town



Sponsored by:

Richmond Heights Recreation Department
and University Hospitals/Richmond Medical Center

2011 Dates Being Planned Please Check Back!

*(Children that are residents of **any city** may attend)*

*Classes Held At Richmond Heights Elementary School
447 Richmond Road, Richmond Heights, Ohio 44143*



2011 Registration Form *Class is recommended for children age 5, entering kindergarten (child must be 4)*

CHILD'S NAME _____ DATE OF BIRTH _____

PARENT OR GUARDIAN _____

ADDRESS _____ DAYTIME PHONE _____

CITY/ZIP _____ HOME PHONE _____

I WOULD PREFER MY CHILD ATTEND THE SESSION CIRCLED BELOW:

MY CHILD'S T-SHIRT SIZE IS (please circle) SMALL 6 - 8 MEDIUM 10 - 12 LARGE 14 - 16
-t-shirts do run small

I hereby give my consent for my son or daughter to participate in the Safety Town Program. I realize Safety Town is a Volunteer Non-Profit Organization and will not hold them, The City of Richmond Heights or the instructor responsible in the event of an accident or injury to my child. I also know that every effort is being made to provide a safe environment for this program.

Fee: \$30 payable to *City of Richmond Heights*.

I understand payment in full is required to confirm my child's place in the Safety Town Program.

Please mail this form and check as soon as possible, class size limited : **Richmond Heights Recreation Department**
For more information, please call (216) 383-6313.

**26789 Highland Road
Richmond Heights, Ohio 44143**

SIGNATURE OF PARENT OR GUARDIAN _____