

2012 MENTOR SAFETY TOWN REGISTRATION FORM

PLEASE READ CAREFULLY & COMPLETE ALL INFORMATION

CHILD'S NAME _____ M or F ____ DOB _____ AGE (4-5-6) _____
(PLEASE PRINT CLEARLY) (as of 06/01/12)

ADDRESS _____
(Street) (City) (Zip)

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

Session availability is on a first come first served basis - Please mail promptly. All sessions will be held at **St. Mary of the Assumption School**, located at 8560 Mentor Avenue, Mentor, OH. **Each session is one week in length, Monday - Friday.**

Please designate 1st, 2nd, and 3rd choice of desired sessions & class times on the lines below by placing a #1, #2 & #3 on the appropriate line, so that we may accurately accommodate your request.

SESSION	DATE	9:00 a.m. – 11:15a.m.	or	12:00 p.m. - 2:15p.m.
#1	06/18/12 – 06/22/12	_____		_____
#2	06/25/12 - 06/29/12	_____		_____

PLEASE NOTE: The LAST class of each session is only ONE HOUR in length and requires a PARENT/GUARDIAN'S attendance and participation.

Are there any medical/physical/behavioral problems of which we should be aware?

If you want your child to be placed in the same classroom as a friend/relative, please mail registration forms together and make a notation on the form. We will try our best but *cannot guarantee* your request. **Each participant is required to submit a completed form & one self-addressed stamped envelope** per household (for class assignment confirmation).

The parent/guardian signing this form accepts all responsibility for transportation of his/her child to and from these sessions and acknowledges that the Junior Women's Club of Mentor and its agents are not responsible for a child not picked up at the end of a class. The Parent/Guardian further states that his/her child is in good physical condition and his/her health will not be hindered by the physical activities in this summer program. Should the Parent/Guardian be unavailable during this session, the person listed below is authorized on their behalf in the event of an emergency:

Emergency Contact's Name / Relationship _____ phone _____

Signature of Parent/Guardian

MAIL-IN REGISTRATION (*first come, first served* basis) will be offered from February 15, 2012 – April 15, 2012. A check or money order payable to **MENTOR SAFETY TOWN** for \$40.00, must accompany each completed form along with one **SELF-ADDRESSED STAMPED ENVELOPE** *per household* in order to confirm your child's registration.

If you need financial assistance, please check box and DO NOT include a check with the application

Please mail completed forms, check & self-addressed stamped envelope to:

Mentor Safety Town, PO Box 1325, Mentor, Ohio 44061 (Note 44061 not 44060)

All mail-in registrations *must* be received by April 15, 2012. Any changes or late registrations will incur a \$5.00 fee.

Any Questions? Leave a message on our Mentor Safety Town voicemail number at (440) 954-3690 or e-mail at www.juniorwomens.org