

**2024 SAFE-T-CITY APPLICATION
TORCH Program**

Office Use Only

Date Received _____

Confirmed _____

PLEASE PRINT LEGIBLY			
Child's Name		Parent/Guardian	
Child's Address		Home Phone	
City	Zip	Cell Phone	
Date of Birth		Age	Work Phone
Child's sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Email address	
Child will be attending _____ school. (in fall)			
EMERGENCY INFORMATION			
Emergency Contact - please list persons to be contacted, if parents cannot be notified. (Different from those above)			
Name	Relationship to Child	Phone (xxx-xxx-xxxx)	
1)			
2)			
Child's Doctor		Phone Number	
Special needs/medical issues/allergies that the instructors at Safe-T-City will need to know about your child:			

Dates of TORCH Session		Class Time	
August 5 – August 9, 2024		8:30 a.m. - 11:30 a.m.	
<p align="center">Early return of the registration form is recommended due to limited enrollment.</p> <p>You will receive a confirmation in the mail. If you provided an email address on this form, you will receive an email confirmation. Upon receipt, be sure to print it out for your records.</p>			
<p><i>*I hereby give my consent for my child _____ to participate in the Safe-T-City Program. I understand that I am responsible for transportation to and from the Scott Park Shelter House, at 2201 Nebraska Avenue.</i></p> <p>Parent/Guardian Signature: _____</p>			

Please mail completed forms to:

Safe-T-City, Scott Park District Station, 2301 Nebraska Avenue, Toledo, OH 43607

Registrations forms may also be faxed to (419) 936-3859 or e-mailed to: safe.t.city@gmail.com

Any questions, please call: 419-936-2984